

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approval must be obtained before the remains are embalmed or final disposition is made.

-	(C) PP(	450/3		BALTIMORE CITY	HEALTH DEPARTMENT		Olev	4500
	TH NO. 67	4502		CERTIFICA	TE OF DEATH	Registered Na	6/	45.12
1.1	NAME OF DECEASED	LEON:	210	LAY	2. DATE AN	HOUR OF DEATH	19	00
3.	PLACE OF DEATH IN 8	ALTIMORE, MARYLA	ND )	0 11	4. USUAL RESIDENCE (When	deceased lived. If in	stitution; reside	nce before ofimission)
-11		not in hospital or in dress or location)	stitution, give	straet	C. CITY OR TOWN (If our BALTIMORE	tside city limits, write i	ORAL ond giv	township)
	THE JOH	NS HOPKI	ns Hos	PITAL		rurol, give location)	2	
		STE '	MARRI	VORCED (specify) ED	8-21-15	9. AGE (In years last birthday)	If Under 1 Y Months Doy	r. If Under 24 Hrs. s Hours Min,
dor	HOUSEWIF	, even if retired)	HOME			INIA		OF COUNTRY?
13.	WALKER DE	E WALK	ER		IDA CHA	AFINS (CHA	FFINS)	
	was Deceased Ever in Uses, no or unknown) (If yes,			SOCIAL SECURITY NO.	W. Romolo Zum	gic - 16 N.	Madeir	DRESS
		I ONDITION DIRECT G TO DEATH The mode of dyin		(A) (L)	nnely a	rrhosis	INTE	rval BETWEEN ET AND DEATH 5-10417
	heori foilure, osihenio, injury or complication ANTECEL			(8) DUE TO				
	DISEASES OR CON tise to the obove UNDERLYING COND	couse (A) stat						•••••••••••••••
ATION	OTHER SIGNIFICANT ( TO THE DEATH E DISEASE OR CONDITI	UT NOT RELATED ON CAUSING IT.	TO THE					
TIFIC	19A. DATE OF OPERATI	WAS PERFORA		H OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	FINDINGS CON USES OF DEAT	N SID ERED TH?
CAL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLA home, fo etc.)	CE OF INJURY (e.g., i rm, foctory, street, o	n or obout 21 C WHERE DID ffice bidg, INJURY OCCUR?	(If in Baltimore	City, give exc	act locotion)
MEDIO	OF INTITIES	(Doy) (Yeor) (H	While A	URY OCCURRED Not Whi At Work		URY OCCUR?	1	
	22. I certify that					19 6 7 to	16	19 6 7.
	that (1) (we) last say		-	h-	view the bady after death.	ot in (my) (our) opir	(ian death ac	curred an the date
	23A. SIGNATURE	e couses stored	190ve2(1) (#1	M.D. All	ending Med.	Shoff	23B. DATE SIG	GNED
	23C. PHYSICIANS NAME (Type) SHERRARD	HAYES	ayes	Phy M.D.	23D. ADDRESS THE JOHNS	rhy s.	OSP TA	0/6
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME	of CEMETERY or CR	EMATORY 24D. L	OCATION (Ci	ty, town, or con	unly) (Stote)
25.	BURIAL	5-10-67 TH DEPT.  258.	NAME OF RE		HITH CEM.		D.	DDBESS
	MAY 9	1967 1	200	Farkey M.	25C ENNERAL DIRECTOR	lla- 2331	4 Settle	Non IT.
VS	150-REV. 1/1/65	4/4	9 %	700	OAC	1	0 44	

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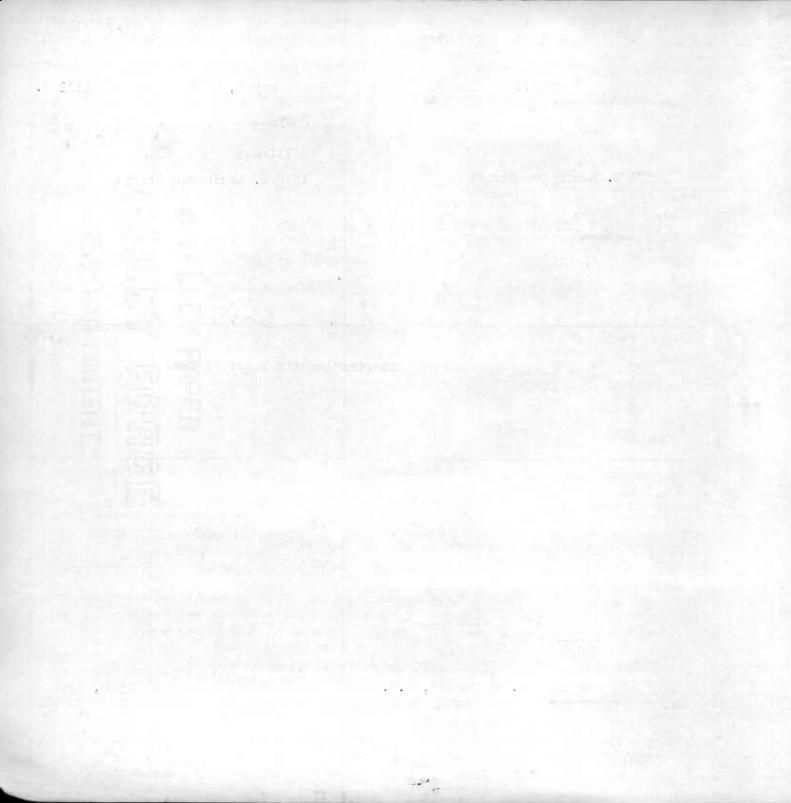
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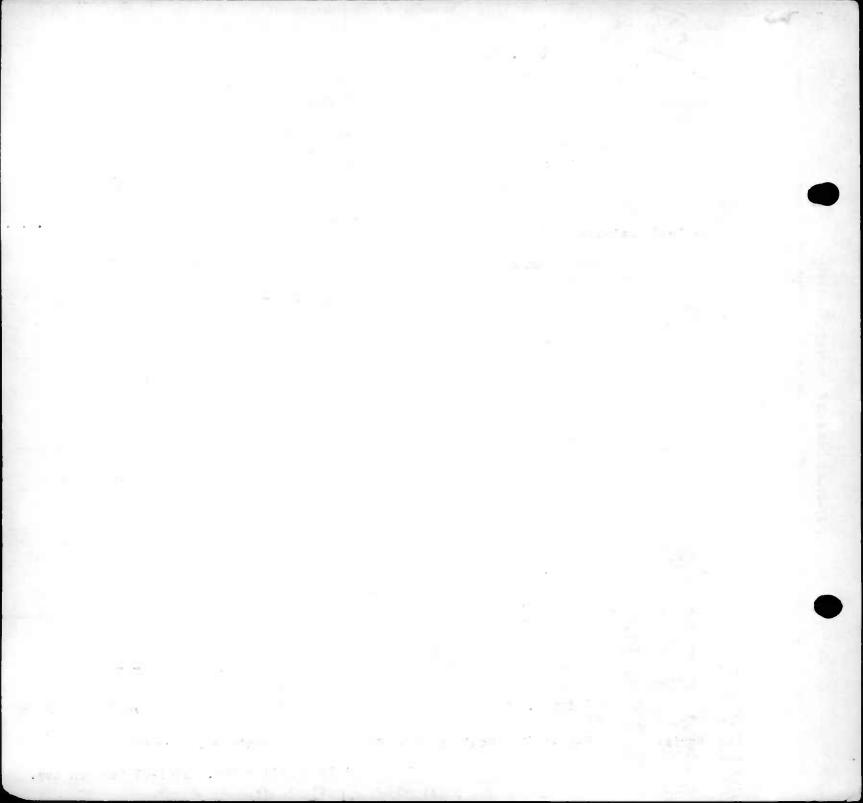
B-67 4503

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

MATTI 140.	MEDICAL	EXAMIII TERO C	LICITION	- 01 01	-/ (		
A.E. CASE NO.							
. NAME OF DECEASED Type or Print)	DEDEGGA	DDOTT	2.		HOUR PRONOUNG	ED DEAD	
	REBECCA	BROWN			, 1967		5:30 P.
. PLACE IN BALTIMORE, A	AARYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDEN	ICE (Where de	ceosed lived. If ins B. CO	titution: reside UNTY	ence before odmissi
THE MANAGE OF THE M	OT IN HOSPITAL OR INS	TITUTON CIVE STREET		ryland			
OSPITAL OR ADD	RESS OR LOCATION)	INTO HON, GIVE STREET	C. CITY OR TOWN	I (If outside o	orporote limits, writ	e RURAL out	give township
NSTITUTION			Ra	1+imore		17	1-02
00			D. STREET ADDRES	Itimore			
1528 W.	Lexington Str	eet	15	28 W. T.	exington S	Street	
. SEX 6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	LO W. L			1 Yr. If Under 24 H
	WIDOWE	D, DIVORCED (specify)	M		9. AGE (In years lost birthdoy)	Month's	Doys   Hours   Mis
	gro	selon)	11Ar.25	1883	37		
DA, USUAL OCCUPATION (		OF BUSINESS OR INDUSTR	YIII. BIRTHPLACE ISH	ote or foreign	country)	12. CITIZEI WHAT	OF COUNTRY?
()	lo VIIII		Ball	me)		4.	S. A.
3, FATHER'S NAME			14. MOTHER'S MAI	DEN NAME			
101	· Paralis	0	Ummi	. ( )	Lel		
5. WAS DECEASED EVER I	N U.S. ARMED FORCES?	16. SO CIAL	17, INFORMANT	- Cen	gar -	ADDRESS	
les, to or unknown) (If yes, g	ive wor or dole's of service	e) SECURITY NO.		0		1	
	ni		Ulennie	1500	Res	en	
18. 420.0		CAUS	E OF DEATH	-			INTERVAL BETWEE ONSET AND DEAT
DISEASE OR CO	ONDITION DIRECTLY						
	G TO DEATH	(A) Art	eriosclerot	ic hear	t disease		
he ort foilure, osthenio,	the mode of dying, e.	See DIJE TO					
injury or complication	which coused deoth.)						
ANTECED	ENT CAUSES						
	DITIONS, IF ANY, GIVIN				*************************		
UNDERLYING CON	CAUSE (A) STATING TH	1E					
Z		. (C)					*********************
OTHER SIGNIFICANT TO THE DEATH	ll .					11000	
OTHER SIGNIFICANT	CONDITIONS CONTRIBU						
	BUT NOT RELATED TO TION CAUSING IT.		•••••				
19A. DATE OF OPERATI	ON 198, CONDITION FO	R WHICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE F		
O	WAS PERFORMED		No	IN	CERTIFYING CAU	SES OF DEA	ATH?
€ 21A. EXTERNAL CAUSE		18. PLACE OF INJURY (e.g.,			in Boltimore City, g	ive exoct loc	otion)
UNDERLYING OR CON	ATH.	ome, form; foctory, street, tc.}	office bldg., INJURY C	OCCUR?			
¥			015 1161				
OF INJURY	(Doy) (Year) (Hour)	21E INJURY OCCURRED		V DID INJURY	OCCOR?		
(APPROX.)		m. WHILE AT NOT	WHILE WORK				
22.	LIST STATE	1 to		1 - 1 - 1 -	the field to		
	I held on Inquiry	Inspection X Au	stapsy ond t	mor on this	bosis, death In	my opinion	
resulted from	: Natural couses X	Accident Suicio			determined monn	er	
/	21 ,	0	CHIEF MED	DICAL EXA	MINER		DATE SIGNED
ACTUAL SIGNATURE	harle J.	I WIT	ASSISTANT MET	DICAL EXA	MINER X		DATE STORED
EXAMINER'S	Ct 1 C -	1) 1	ASSOCIATE ME				
NAME (Type)	Charles S. S	pringate, M.D.	ASSOCIATE ME	DIGNE ENN		May	8, 1967
3A, BURIAL CREMATION,	23B, DATE	23C. NAME of CEMETERY	or CREMAJORY	23 D. LOC	ATION (Cj)	, town, or co	ounty) Stote)
REMOVAL (Specify)	1-11/0	n.+Color	(1)	-3.3	K. bi	1.	1. /
Bury	0-11-01	Ju aray	ay	1	NOOKE	m 1	res
44. DATE REC'D BY HEAL	- n - m A	ME OF REGISTRAR	24C. FUNERAL	DIRECTOR	, 0	A	DDRESS
MAY 9	1967 R. Cul	& E. Farley MA	811.	11.11	- 1mm	131	Atr. he
/S 161_DEN/ 1/1/46	447500	, ,	- cuy	Mula	orjour	neen	Ly 1





		0101		N - 1	BALTIMORE CITY	HEALTH DEPAR	TMENT	,	017	4500	
		67	1505		CERTIFICA	TE OF DE	ATH	Registered Na	01	4505	)
1.1	E CASE NO.			404.0			2. DATE A	ND HOUR OF DEATH	- 4		
	pe or Print)	_	mon Wil	lson			May 6, 19		1	P <sub>M</sub> .	
3.	PLACE OF DEA	TH IN BALTI	MORE, MA	RYLAND		A. STATE	B. COU	ere deceased livad, If in NTY	stitution: res	idence before	admission)
	FULL NAME OF	(If not	in hospital	or institution,	give street		rida	utside city limits, write f	DIII Al and	ali a tannakia)	
17	INSTITUTION						mpa	orside city limits, write a	V	give lownship/	
11.7				rvice Ho	ospital	D. STREET ADDR		f rurol, give location)			
	3100 Wym	Drive					. Ellicott St				
	M	6. RACE Col		WIDOWE	o, DIVORCED (specify)	12/18/2	22	9. AGE (In years lost birthdoy)		Doys Hours	er 24 Hrs. Min.
	deckhan	rorking life, eve		Seaf	BUSINESS OR INDUSTRY			· JAC Kon	12. CITIZE	T COUNTRY?	
13.	FATHER'S NAM	\E				14. MOTHER'S M			7 7 6 6		
	Jettie	Wilson	1			Beatr:	ice H	ardfield			
(Ye	Was Deceased s, no or unknown)	Ever in U. S. (If yes, give USA	Armed Forwar or date	ces? s of service)	11 6. SOCIAL SECURITY NO. 266-18-3865	Records	3- US	PHS Hospital		ADDRESS	
	1B. 16 =	3 V I			CAUSE O	DEATH				NTERVAL BETY	
		E OR CONT		ECTLY	Ca	rcinoma o	f lef	t lung with		Unkno	
	(This does no	ol meon the	mode of		DUE TO	ntraspina	1 met	astases			
	heart failure,					& parapl	egia				
	A	ANTECEDENT CAUSES (8)						300 m 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 4 4 0 0 0 0 0 0 0 0 0 0 0 0	
	DISEASES O				(C)						
	UNDERLYING			<b>3</b>	, , , , , , , , , , , , , , , , , , , ,			000 1 0 1 10 1 00 1 1 1 1 1 1 1 1 1 1 1			
ATION	OTHER SIGNI	ATH BUT	NOT RELA	TED TO TH							
ERTIFICA	19 A. DATE OF			DITION FOR	WHICH OPERATION	20 A. AUTOPSY	? (Yes or h	Not 208. IF YES, WERE IN CERTIFYING CA	FINDINGS OF D	CONSIDERED	
AL O	OR CONTRIBU			21 B hom etc.	PLACE OF INJURY (e.g., in ne, form, factory, street, of )			(If in Boltimore	e City, give	exoct locotion	1
EDIC	21 D. TIME	(Month) (D	oy) (Yeor)	(Hour) 21E	. INJURY OCCURRED	21 F. HO	W DID IN	NJURY OCCUR?			
\$	(APPROX.)			Wh Wo	nile At Not While						
	22. I certify	that (I) (thi	s hospital	) attended t	he deceased from	Mar. 17		19 67 to	May 6	5 1	67
					May 6		and 1				
	and hour and	from the c	auses sta	red above. /	1) (We) (did) (d/d/1961/) v	iew the bady af	ter death				
23A. SIGNATURE 23B. DATE SIGNED											
	226 211	_//	///	f 1/2		nding M	rector	Stoff Phy s.	5/	/8/67	
	23C. PHYSICHA MAME 41 Gary	Sch	echter	, Surgo		IIS PHS	Hogn	ital, Balto,	Ма		
24	A. BURIAL CREA	MATION, 24	1 1 1 1		AME of CEMETERY of CRE				ity, town, or	county)	(Stotel
	REMOVAL IS	pecify)	MA.	91/2			7	1.	E10	hide	
25	A. DATE REC'D	BY HEALTH		28 NAME	OF REGISTRAR	25C. FUNERAL	DIRECTO	or ph	101	ADDRESS	
	N	MAY 9	1967	Robert	F. E. SarbeyMA	Mills	1	E Elie	Re	m	
VS	150-REV. 1/1/6	5		1 0	7 7 11 17	0/4	3 10	113 9 W C	anal	1115	5/

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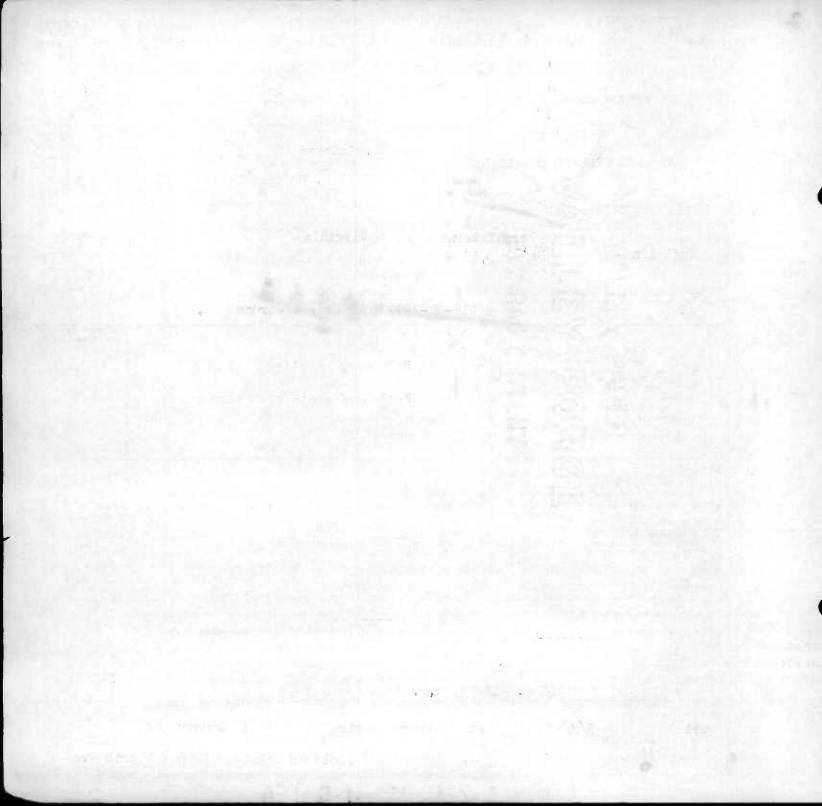
	67 TH NO. E. CASE NO.	4506 MEDI		AMINER'S CE			F DEATH Registe	6'7	4	4506
٦.	NAME OF DECE	ASED				2. DATE	AND HOUR PRONOUNC	ED DEAD		
(Ту	pe or Printl	NICHOLA	5	H. BR	ROWN	M	lay 5, 1967		4:	30 P
3.	PLACE IN BALTIA	MORE, MARYLAND, W	_		4. USUAL RESID		here deceased lived. If ins	itution: resi JNTY	dence b	pefare admission)
HC	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOV		utside corporate limits, write	RURAL o	nd give	township)
1	576 \$	St. Mary's S	treet				rural, give location) Mary's Street			
	Male 6	Negro		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI	Н	9. AGE (In years last birthday)			If Under 24 Hrs. Hours Min.
		PATION (Give kind of work orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY				12. CITIZ WHA	T COU	INTRY?
13.	FATHER'S NAME				Mar 14. MOTHER'S' M	AIDEN N	NAME			
				?	Nonnie	Bro	)WIII			
		EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		FEET LANGE	ADDRES	S	
	?			214-03-6503	Mrs Na	onii	Mc hee 1308	Dividi	on :	St
CERTIFICATION	(This does no heart failure, injury or com, an DISEASES O RISE TO THE UNDERLYING	E OR CONDITION DI LEADING TO DEATH of meon the mode of osthenia, etc. If meons plication which caused  NTECEDÉNT CAUSE: R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST.  II IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	dying e.g., the drseese, death.)  NY, GIVING ATING THE	Peption (C)	ve Gastro	•	estinal Hemorr	hage	ONSE	T AND DEATH
			DITION FOR V	WHICH OPERATION	20A. AUTOPSY Yes		No) 20B. IF YES, WERE FI			Yes
MEDICAL	UTING CAUS  21D TIME OF INJURY (APPROX.)  22.  I certi resulte  ACTUAL SIGNATU EXAMINE NAME (T	or CONTRIB- E OF DEATH.  (Month) (Day) (Year  fy that I held on I hed from: Natural co	)  Haur) 2 m. W	Inspection Aut	OPSY ONE OPSY ONE CHIEF M	d that a	INJURY OCCUR?  INJURY OCCUR?  In this bosis, death in the bosis, d	ny opinio	n DA	TE SIGNED
RE	MOVAL (Specify)			C. NAME of CEMETERY o		2		, town, or	county)	(State)
24.	A. DATE REC'D I	1AY 9 1967	248. NAME	of REGISTRAN	24C. FUNER		A A County Halstead 1200	_	Nort	h Ave

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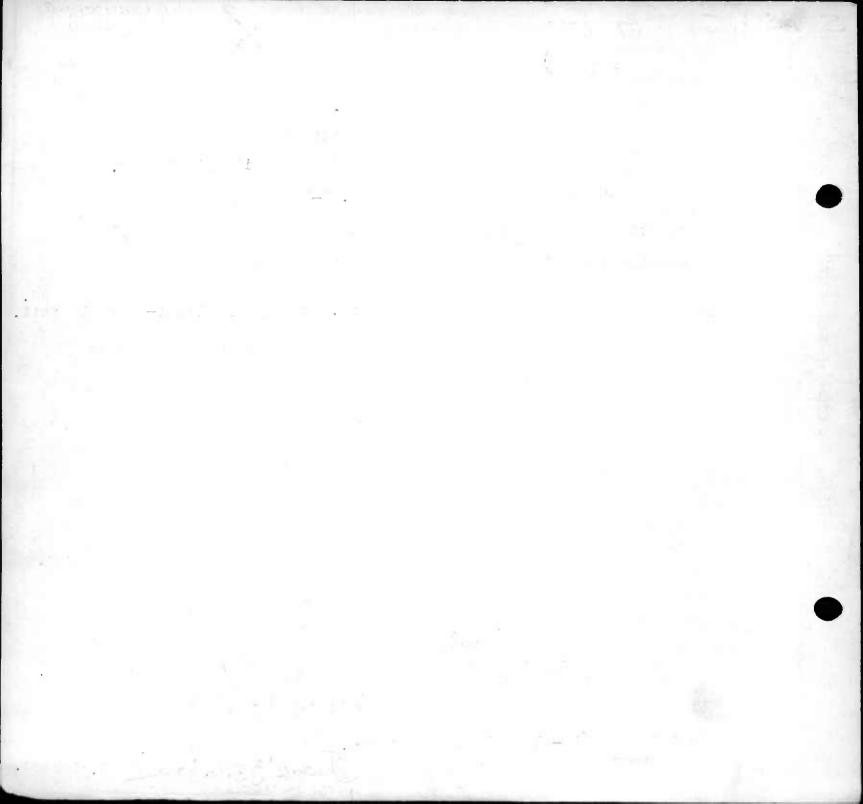
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## 8 BALTIMORE CITY HEALTH DEPARTMENT 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

	H NO.	IVILL	ICAL EXAMINATION CE	KINICAIL	JI DEATH M	
	AME OF DEC	CEASED	1	2 DA	TE AND HOUR PRONOUNCED I	DEAD
Тур	e or Print)		OHN COLEMAN	2.00	5-2-67	12:55 PMA.
3. P	LACE IN BALT		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived. If institution B. COUNTY	on: residence befare odmission)
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		outside corporate inits, write RU	RAL and give township)
INS	TITUTION	ADDRESS OR LOCA	(IION)	Baltimore		2.05
1	MARY	LAND GENERAL	HOSPITAL	D. STREET ADDRESS		
	G.					202
5. <b>S</b>	Male	Colored	WIDOWED, DINORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If M	Under 1 Yr. If Under 24 Hrs. Annths, Doys Haurs Min.
		JPATION (Give kind of working life, even if retired)	Bars&Taverns	11. BIRTHPLACE (Stote of Virginia	or foreign country) 12	COTIZEN OF WHAT COUNTRY?
13. F	AMUSIVA	<del>an</del>		14. MOTHER'S MAIDEN	NAME	
	1.0	, 1990.	?			?
		D EVER IN U.S. ARMED	ss of service) SECURITY NO.	17. INFORMANT	A STATE OF THE STA	DDRESS
		SE OR CONDITION DI LEADING TO DEATH	RECTLY	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	heart foilure	not meon the mode of , asthenia, etc. It meons mplication which coused	dying, e.g., DUE TO deeth.)	monary emboli		***************************************
		ANTECEDENT CAUSE	S Pro	longed post-i	ictal stupor	
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	1	2	
		NG CONDITION LAST.	Ept.	lepsy		
<u>o</u>		11	(0)			
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE			
CERT	19A. DATE OF		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FINDII IN CERTIFYING CAUSES Yes	
EDICAL	UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, o etc.)	in or obout 21C. WHERE	DID (If in Boltimore City, give e	exoct location)
Σ	21D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21 F. HOW D	D INJURY OCCUR?	
	OF INJURY (APPROX.)		WHILE AT NOT WORK	WHILE ORK		
	22.	tify that I held an	Inquiry Inspection Aut	opsy X and that	an this basis, death in my o	apinian
		Ited fram: Natural cg				
		A	-/1	_	AL EXAMINER X	
	ACTUA		Julia	ASSISTANT MEDIC		DATE SIGNED
	SIGNAT EXAMIN NAME (	IFR'S	LL S. FISHER, M.D.	ASSOCIATE MEDIC		5-3-67
	BURIAL CRE	MATION, 23B DATE	23C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City, tov	wn, or county) (State)
-	noval (Specif Burial	5/8/6	7 Mt Calvary	Cemetry	A A County M	d
	DATE REC'U	BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS
		MAY 9 1967	Polent E. JarberMA	Adolphus	Halstead 1206 W	N orth Ave



	BALTIMORE CITY	HEALTH DEPARTMENT		67 4500
BIRTH NO. 67 4508	CERTIFICA	TE OF DEATH	Registered Na	07 4308
M.E. CASE NO.  1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) RosE Maria Sc	Samusto	5/2/67	8:50	A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUR	ore deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	n, give street	C. CITY OR TOWN (IF ou	utside city limits, write R	URAL ond give township)
50	1	Baltimore D. STREET ADDRESS (IF	rurol, give location)	53-00
Mercy Mospita		8360 Old P	hiladelphia	
WIDOV	VED, DIVORCED (specily)	8. DATE OF BIRTH Feb. 7-1878	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired) Housewife Ho	me	Italy		Italy
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Domenico Terenzi		Anna Marzal	1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	none	Mrs.Catheri	ne Projett	Rd.
18. 4 3 3 01		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			1 11 1-	
LEADING TO DEATH (This does not mean the mode of dying, e	(A) C	emplote herr	T 510 CI	
heart foilure, oslhenio, elc. It means the diseo injury or camplication which coused death.)				
ANTECEDENT CAUSES	(B)	iongestice	Len-Ttail	re 6 4 rs.
DISEASES OR CONDITIONS, if ony, giving		0.1.0		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	he (c) A	SCUD		miny years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, lorm, loctory, street, (etc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	: City, give exact locotion)
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work At Work			
22. I certify that (1) (this hospital) attende	d the deceased from	5)4	19 6 7 to	5/7 19 67.
that (1) (we) last sow the deceased alive a	n 517	19 6 7 and t	hat in(my) (aur) opli	nlan death accurred an the date
and haur and fram the causes stated abave	. (1) (We) (did) (did 'not)	view the bady after death.		
23A. SIGNATURE				23B, DATE SIGNED
Jones E. Grennel	M.D. At	rending Med.  Director	Staff Phys.	517167
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- A	
Name (1)	M.D.	Maron H	ospital	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY of CI	REMATORY 24D.	LOCATION (Ci	ty. lown, or county) (Stole)
	oly Redeemer	Cem. 44	30 Belair	D.a
	E OF REGISTRAR	25C PONERAL DIRECTO	A Olaha	ADDRESS 2 322 S.High St.
VS 150-REV. 1/1/65	6/000	1 5 2	Jenu 100	



IMPORTANT

FUNERAL DIRECTOR:

certificate

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hospital

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Deceased

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Undetermined cause;

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Body

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MONIE LLOYD 67 eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street T HOSPITAL OR oddress or location) (Il outside city limits, write RURAL and give township INSTITUTION 0 BALTIMORE prior D. STREET ADDRESS (If rural, give location) 2904 Ulman Avenue 2904 Ulman Avenue mad 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours deceased 10st birthdoy) DIVORCED (specify) F. N. 8-15-1911 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) HOUSEWIFE HOME KERSHAW, S.C. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the MARIE BECKMAN 0 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. attendance NO. 2904 Ulman Ave. Mr. Robert Lloyd 9 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, gular injury or complication which coused death.) ANTECEDENT CAUSES 10 GIB DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost. WOS Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, office bldg., INJURY OCCUR? 0 DEATH (notify medical examined MEDIC obtained (Hour) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Al Work pup Work 22. I certify that (1) (this hospital) attended the deceased from that/(1) (we) last sow the deceased alive ond that Ih (pry) (our) opinion death occurred on the death) (did not) view the body ofter deoth. must and hour and from the couses stated abou 23A. SIGNATURE 23B. DATE SIGNED Attending Stoff M.D. Med. 0 Phys. approval Director Phy se 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 1ROSH1 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATOR 24D. LOCATION eceased REMOVAL (Specily) BURIAL 5-10-67 Arbutus Memorial Pk. Arbutus, 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. NAME OF 0 MORTON & DYETT F.H. 1701 Laurens St.

If Under 24 Hrs.

WHAT COUNTRY?

U.S.A.

ADDRESS

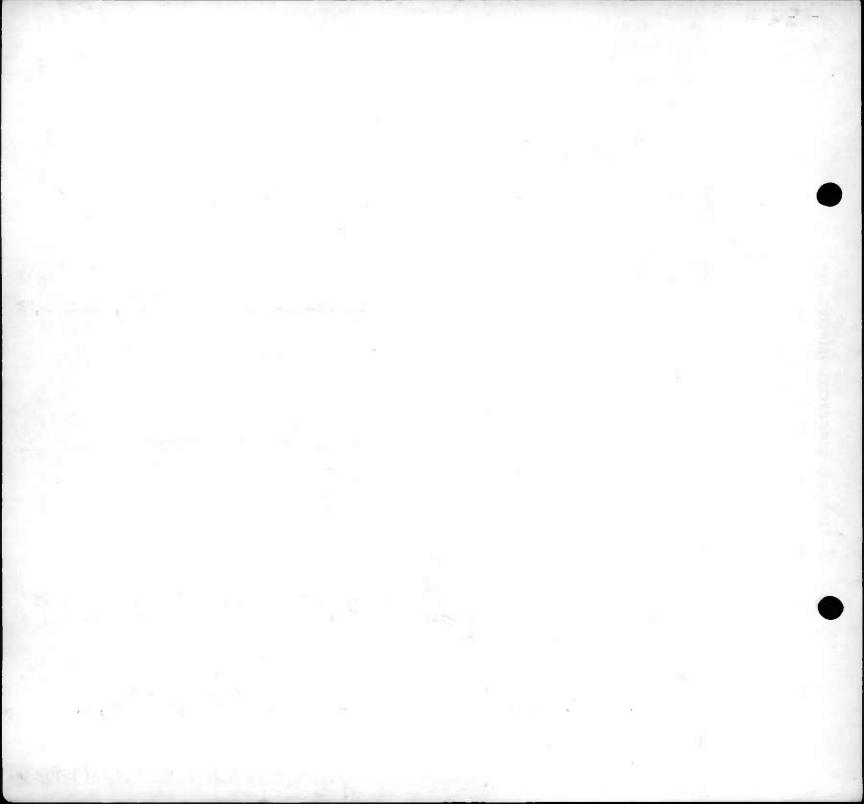
Maryland

INTERVAL BETWEEN ONSET AND DEATH

4401707 2 0 1 DNK. mod t Deall service .e.

VS 150-REV. 1/1/65

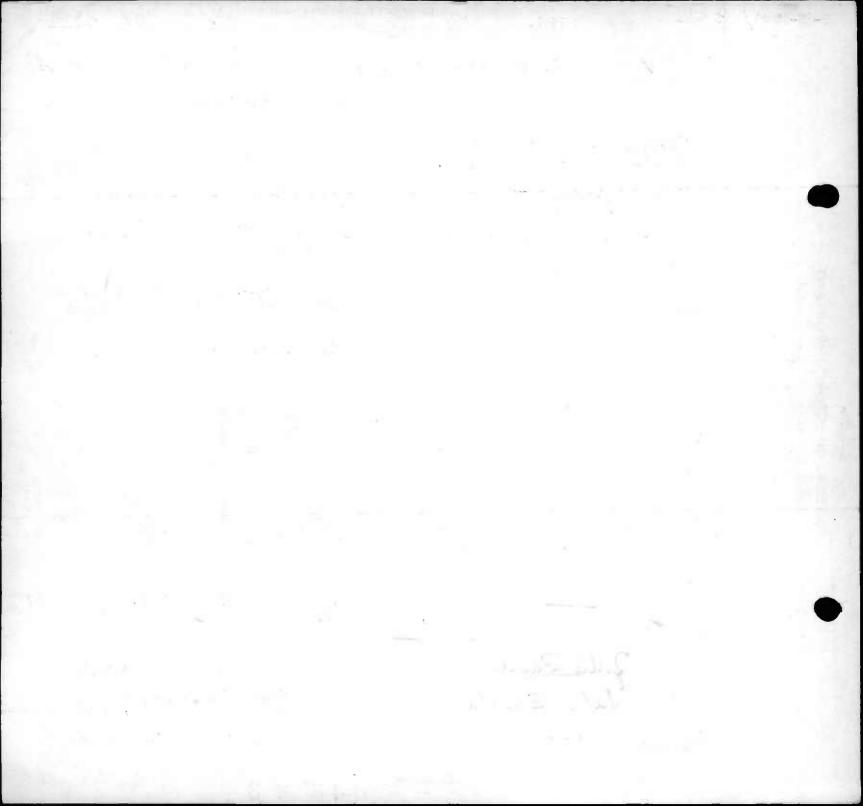
SURIN 511-67 Frenches Hom P. Antoches
Topton & Dettott



VS 150-REV. 1/1/65

1	DIT 4542 BALTIMORE CITY	HEALTH DEPARTMENT	(drive ACAO)
2	BIRTH NO. 617 4513 CERTIFICA	TE OF DEATH Registered No.	677 4513
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
1	(Type or Print) Johnson, GEORGE	5/5/67	5 AM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	
	FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (II outside city limits, write RUR	AL and give township)
4	INSTITUTION	Battimere Ind.  D. STREET ADDRESS (If rural, give location)	5-01
	Bolton Hell Mursing & Convalent Home	1204 Me Cubling &	a
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years tost birthday)  M  4-4-1884	Under 1 Yr. If Under 24 Hrs. anths Days Haurs Min.
.2	M Negro Wildowed  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF
rion	dane during mast of working life, even if retired) Laborer	North Carolina	WHAT COUNTRY?
Si	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
disposition	?		
final d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
ij.		Chart	
0	DISEASE OF CONDITION DIRECTLY	FDEATH	ONSET AND DEATH
med		Corgettre failire	3 nuks
balm	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	continualente (Valuese	- 17.53
E	ANTECEDENT CAUSES (B)	cutenosely to CV dragge	Jews:
0	DISEASES OR CONDITIONS, if ony, giving		
15 G	rise to the obove cause (A) stating the (C)UNDERLYING CONDITION last.		
remains	, II	-	
rer	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINITIN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
efore	OR CONTRIBUTING CAUSE OF Larm, factory, street, o	n at obaut 21 C. WHERE DID (If in Baltimare Ciffice bldg., INJURY OCCUR?	ty, give exact lacation)
٩	DEATH (natily medical examine) etc.)  DEATH (natily medical examine) etc.)  DEATH (natily medical examine) etc.)	21F. HOW DID INJURY OCCUR?	
ained	OF INJURY (APPROX.)  While At Not While At Work At Work	le 🖳	
p	22. I certify that (1) (this hospital) attended the deceased fram	5/1 1967 10	8/6 1967
pe o	that (1) (we) lost saw the deceased alive on	194.7and that in(my) (aur) opinia	n deoth accurred an the date
	and haur ond fram the couses stated obave. (1) (We) (did) (did nat)		
must	23A. SIGNATURE	23	8, DATE SIGNED
aln	al M.D. Att.	ending Med. Staff Staff Phys.	5/5/17
λ (	23C. PHYSICIAN'S	23D. ADDRESS	9/1/0/
pprov	NAME (Type) ALLAN H. MACHT M.D.	2 EAST READ ST	2/202
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI	EMATORY 24D. LOCATION (City,	town, or county) (State)
ritten	Burial 5/11/67 Mt Calvary Ce		
Writ	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS WO North Mare!

Experter faction continuation to down DEPOT INCHULA



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

V\$ 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

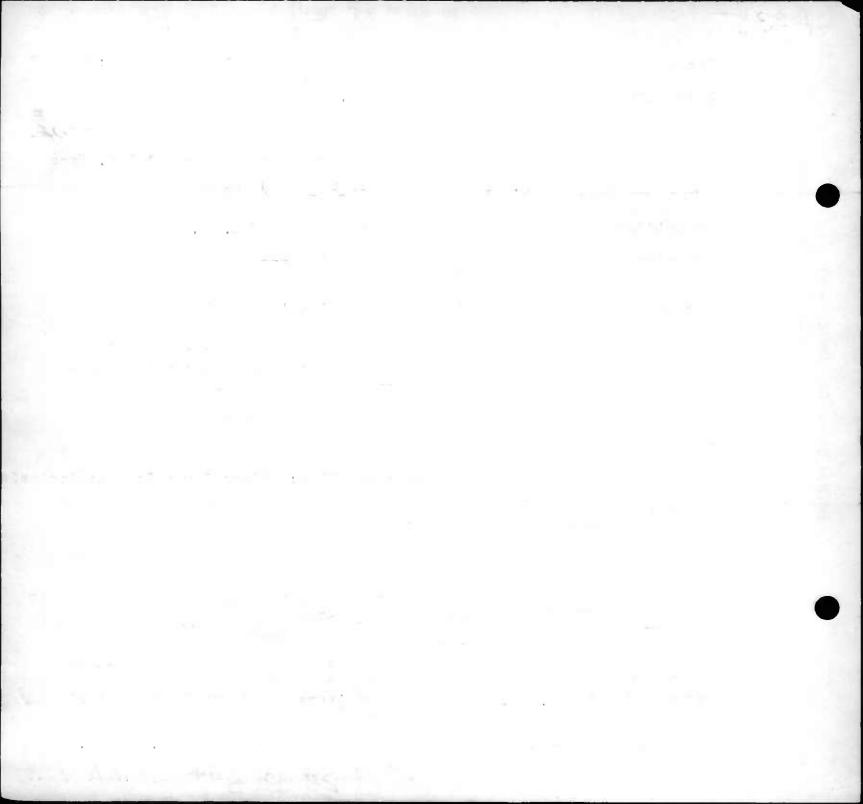
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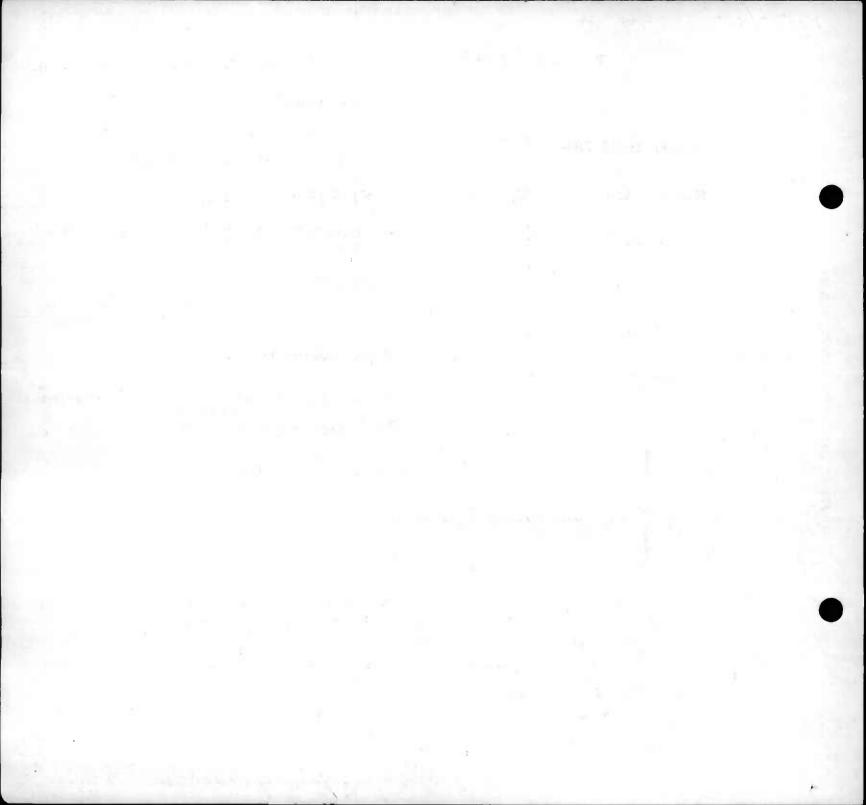
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	67-09021 4516	BALTIMORE CITY	HEALTH DEPARTMENT	67 4516
	TH NO.	CERTIFICA	TE OF DEATH Registered N	0. 40.10
1. N	AME OF DECEASED	raul	2. DATE AND HOUR OF DEAT	16 6 5 A
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESTDENCE (Where deceased lived. III	f institution: residence before admission
H	FULL NAME OF (If not in haspital or insti HOSPITAL OR address or locotian) NSTITUTION	itution, give street	C. CITY OR TOWN (If outside city limits, write	Balls on the RURAL and give township)
2	7		D. STREET ADDRESS (If rurol, give location)	5.3 -00
1	Mercy Hosp		2513 hundan "d.	
i. S	(A) WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) wer marned	B. DATE OF BIRTH 9. AGE (In years lost birthdow) 2 days	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of wark 108, Ke during most of working life, even if retired) None	None	11. BIRTHPLACE (State ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
3. [	FATHERS NAME Robert Graul		E/12. Linker	
5. V	Was Deceased Ever in U. S. Armed Forces?  s, no or unknawn) (It yes, give wor ar dates af so	1 6. SOCIAL SECURITY NO.	17. INFORMANT Fatles	ADDRESS
	18.	CAUSE OF		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Y		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying	(A)	yoline montrase Deac	n Iday
	hearl failure, asthenia, etc. It meons the d injury or camplication which caused death	V.		
	DISEASES OR CONDITIONS, if ony,	Α.		
	rise to the obove couse (A) slolin	ig the (C) Ony	Indowel + Ind Artillar	<i></i>
	UNDERLYING CONDITION last.		Intestan	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
RTIFICA			20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEIN CERTIFYING	CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	or about 21C. WHERE DID (It in Baltin fice bldg., INJURY OCCUR?	nore City, give exact location)
ō	21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJURY OCCUR?	
		Work At Work	5 5 6 7 19 to	5-7-67 10
	22. I certify that (I) (this haspital) atte that (I) (we) last saw the deceased aliv	4-,7-17	19and that in(my) (aur) (	
	and hour and from the causes stated ab			springing decomes an interest
	23A. SIGNATURE		-	23 B. DATE SIGNED
	Chester & Collers	Inb M.D. Atte	nding Med. Staff Director Phys.	5-7-67
	23C. PHYSICIAN'S NAME (Type)	M.D.	mercy Mos	
24A	A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or caunty) (State)
	Burial 5-8-1967	Parkwood Cemeter	Baltimore	Co. Md
25A	A. DATE REC'D BY HEALTH DEPT. 258. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11/ ADDRESS
	MAY 9 1967 R.	Bree to Entarber MA	Sanghin Tunna	1 Home Ist
VS	150-REV, 1/1/65	7 0 / 0		

page-			BALTIMORE CITY	HEALTH DEPARTMENT		67 4517
NRTH NO.	67 451	7	CERTIFICA	TE OF DEATH	Registered No.	701/
NAME OF D					AND HOUR OF DEATH	9:05 P <sub>M</sub>
. PLACE OF D	EATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence before admission)
Univer FULL NAME HOSPITAL O	Sity of Mar Of (II not in hospito R oddress or locoti	yland H	lospital  give sfreet		altimore C	
INSTITUTION				Baltimore		RURAL and give township)
38				Century Nu:	(If rurot, give locotion)	102 N. Paca
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	True a version
M	Caue	singl		10-16-94	10st birthdoy)	Months Doys Hours Min.
	CCUPATION (Give kind of wo of working life, even if retired den	}		11. BIRTHPLACE (Stote or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Charl	es Hartman	Labor		14. MOTHER'S MAIDEN N		
. Was Decens	ed Ever in U. S. Armed F		215-09-0050	17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give war or do	ites of service)	SECURITY NO.			WANTESS.
not kn	own		not known	Patient's	chart	
DISE	ASE OR CONDITION E LEADING TO DEAT		CAUSE O	r DEATH gestive Hear	t Failpre	ONSET AND DEATH
heort foilur	not meen the mode of the control of the court of the cour	ns the disease, ad death.)		th possible days befor		l infarction
rise to	OR CONDITIONS, if the obove couse (A NG CONDITION lost.		(C)	***************************************	· · · · · · · · · · · · · · · · · · ·	
Z OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING	3			
TO THE	DEATH BUT NOT RE	LATED TO THE		mellitus;	Right lowe:	r lobe atelectas
	OF OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
21 D. TIME OF INJURY (APPROX)	(Month) (Doy) (Yeo		INJURY OCCURRED  te At Not While At Work	21 F. HOW DID I	NJURY OCCUR?	
22. I certi	fy that (1) (this hospit	al) attended th	ne deceosed from 2'	KKK April	19 67 10 6	May 19 67
		and a	and the same of th		•	inion death occurred on the dat
and hour	ond from the couses st	oted obove. (1	) (We) (did) (did not) v	iew the body ofter deat	h	
23A. SIGNA	TURE	0 -				23B, DATE SIGNED
88	terleton	662	M.D. Atte	ending Med. Director	Stoff Phys.	6 May 67
Sidne	Y Stapletor	ı, Jr.	M.D.	Un <b>kversity</b>		nd Hospital
	REMATION, 248. DATE	-	AME of CEMETERY OF CRE	MATORY 24D	LOCATION	City, town, or county) (Stote)
Buri	al 5-10-	1967 Gar	rdens of Faith	Cemetery	Baltimore (	Co. Md.
5A. DATE REC			F REGISTAAR	25C. FUNERAL DIRECT		ADDRESS 362
\$ 150-PFV 1/	1/65		0-1-1-	The state of the s	D COM	T. I DI LIVERY WAY



<b>DO</b>	BALTIMORE CITY	HEALTH DEPARTMENT		ריוי)	4540	
BIRTH NO. 67 4518 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67	1010	
(Type or Print) MILLS, VER	NON E	2. DATE A	ND HOUR OF DEATH	a ·	30 A · M	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. It inst	titution: residence b	efore odmission)	
FULL NAME OF (If not in hospital or institution, give hOSPITAL OR oddress or location)	street	C. CITY OR TOWN (II o	, BATI		n shio)	
INSTITUTION	7.00.06	BALTIM		//-	02	
2 SINAL HOSPITAL OF BAL	IIDOKE		Trurol, give location)  PARK AVE	NUE		
MINITE MINITE	VER MARRIED  OF VORCED (Specify)	S/15/02	9. AGE (In years lost birthdoy)	It Under 1 Yr. I Months Doys H	f Under 24 Hrs. ours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	BALTIMOR	4 6 6	12. CITIZEN OF WHAT COUN		
13. FATHER'S NAME	andilo.	14. MOTHERS MAIDEN NA	AME			
Unknown		Unknow	n			
15. Was Decased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)	SOCIAL SECURITY NO.	- mary -an	7. HH	ADDRES 809	1 1	
18.	CAUSE OF	111 00 - 1	n Kallheis	INTERVAL	BETWEEN	
DISEASE OR CONDITION DIRECTLY		0		ON SET A	ND DEATH	
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) C	ARCINOMAT	2180		*********	
heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death,	501 10					
ANTECEDENT CAUSES	(B) C	arcinoma a	DAT CELL VARIETY	5 m	mlho	
DISEASES OR CONDITIONS, if ony, giving						
Tise to the above couse (A) stating the UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	DIA	BETES M	CLLITUS			
198. CONDITION FOR WHI	CH OPERATION NE	20 A. AUTOPSY? (Yes or N	OB. IF YES, WERE FI		RED	
5-5-67 AND PYLORIC	OBSTRUCTION	or obout 21 C. WHERE DID		City, give exoct lo	ontinal .	
OR CONTRIBUTING CAUSE OF home, det.)  DEATH (notity medical examine)	lorm, foctory, street, offi	ice bldg., INJURY OCCUR?	(II III bollinore	city, give exoct to	conon	
W OF INTURY	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX.) While Work	At Not While At Work					
22. I certify that (4) (this hospital) attended the	deceosed from	- 29 —	1967 10 5	-7 -	- 19.67	
that (I) (we) lost sow the deceased alive an			that in(my) ( <del>ear)</del> apini			
ond hour ond fram the couses stated above. (1) (4	<del>lla</del> ) (did) (d <del>id nor</del> ) vi					
P. J. Jame	M.D. Atter	nding Med.	Stoll Phys.	23 B. DATE SIGNED	167	
23C. PHYSICIAN'S NAME (Type) P. J. JAM B.	3 M.D.			BALTIMOR LAND 21		
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E of CEMETERY or CREP	MATORY 24D.		, town, or county)	(Stote)	
Burial 5/10/67 mt	Olivet &	em . 2930	Frederik.	Que	ma.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF F	LEGISTRAR	25C. FUNERAL DIRECTO	OR O	90700	ESS IT.	
MAY 9 1967 Release	E, Jakkuff	Hobrit Con	an ison Ty	Hote	ms	
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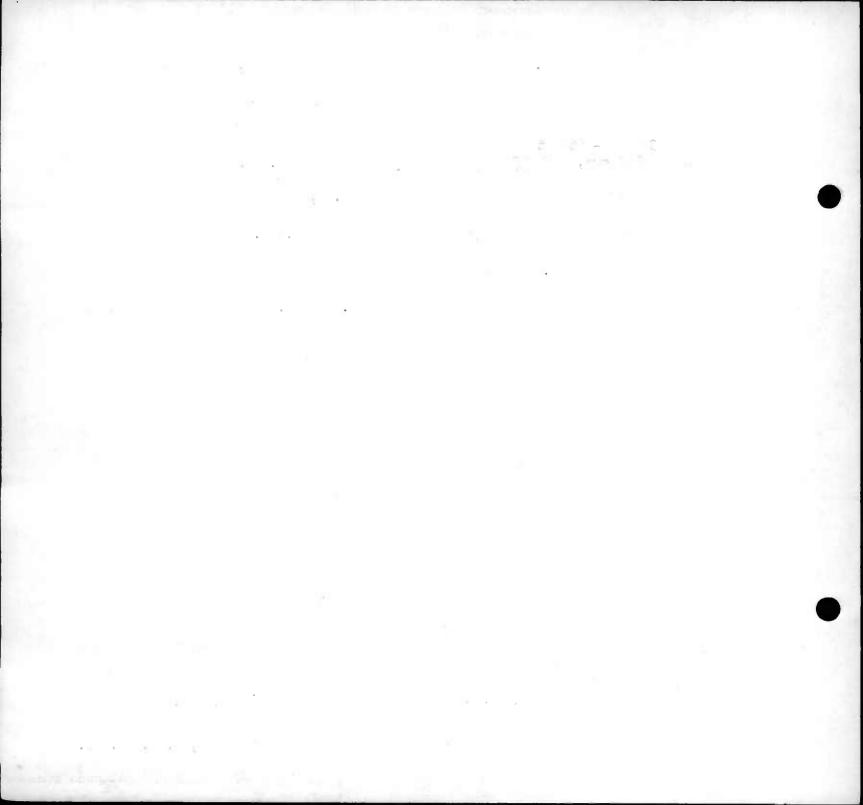
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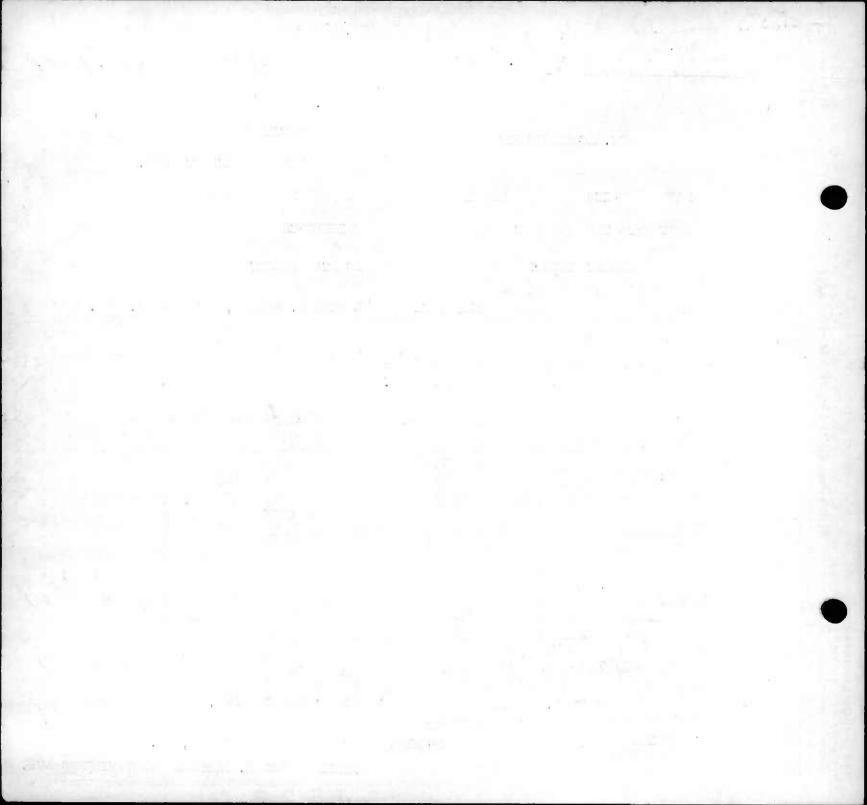
Filter A. A.6.)		BALTIMORE CITY	HEALTH DEPARTMENT		
вити но. 67 4519		CERTIFICA	TE OF DEATH	Registered No.	67 4519
M.E. CASE NO.  1. NAME OF DECEASED				ND HOUR OF DEATH	
(Type or Print) Herman	A. Roberg		Max	6, 1967	12.105
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND			ere deceased lived, If i	RURAL and give tawnship
#906 - 6th	S+.		D. STREET ADDRESS (	fural give location)	25-01
Baltimore, Md			3906 6th.		
5. SEX   6. RACE	7. MARRIED, I	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male White		DIVORCED (specify)	Oct. 4, 1895	lost birthdoyl	Months Doys Hours Min.
MA. USUAL OCCUPATION (Give kind of we				reign cauntry)	12. CITIZEN OF
one during most of working life, even if retired		0.1	5 31		WHAT COUNTRY?
Proprietor	Grocer	y Store	Balto. Mc		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
August C	. Roberg		Bert	ha Miller	
5. Was Deceased Ever in U. S. Armed F es, no or unknown) (If yes, give wor or do	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		32004111 110.	Mrs. Ruth R. I	oughlin	Samd
18, / /		CAUSE O		200000000	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION E LEADING TO DEATI (This does not mean the mode heart failure, asthenia, etc. It mean injury ar camplicalian which cause ANTECEDENT CAUSI DISEASES OR CONDITIONS, if rise to the above cause (A	H of dying, e.g., ns the disease, ad death.) ES any, giving	(A) DUE TO (B) DUE TO	terroscla Teget dise	rote	
UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE	HICH OPERATION	1900 ALLYOBRYS (Vo. 2)	Nell 208 As yes were	FINDINGS CONSIDERED
	ERFORMED	men oreganon	201. AUTOPSTERVES OF	IN CERTIFYING CA	AUSES OF DEATH?
Z ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exomine)  OF INJURY (APPROX.)	home etc.) rl (Hour) 21 E, While	tNJURY OCCURRED  At Not While			re City, give exoct locofion!
	Work				
22. I certify that (I) (this hospit			1	. 19 ta	
that (I) (we) lost saw the decea	sed alive an	may 2	19 6 ) and	thot in(my) (aur) ap	inion death accurred an the
and hour and from the causes s	roted obave. (I)	(We) (did) (did not) v	iew the body ofter death		
23A. SIGNATURE	Λ	M.D. Atte	ending Med.	Stoff	23B. DATE SIGNED
Alleman Kr	rlun	Phy	s. Director	Phys.	5/8/67
23 C. PHYSICIAN'S NAME (Type) Samuel Ru	ibin, M.	D. M.D.	23D. ADDRESS 203   Bal ti	E. Patapscomore, Md.	o Avenue
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME of CEMETERY of CRI			City, town, or county! (State
Burial 5 9 19	67	Cedar Hill		Brooklyn, A.	A CO Md
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OI		2SC. FUNERAL DIRECTO	DE OURTAINE N.	ADDRESS

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237 Patapsco Ave

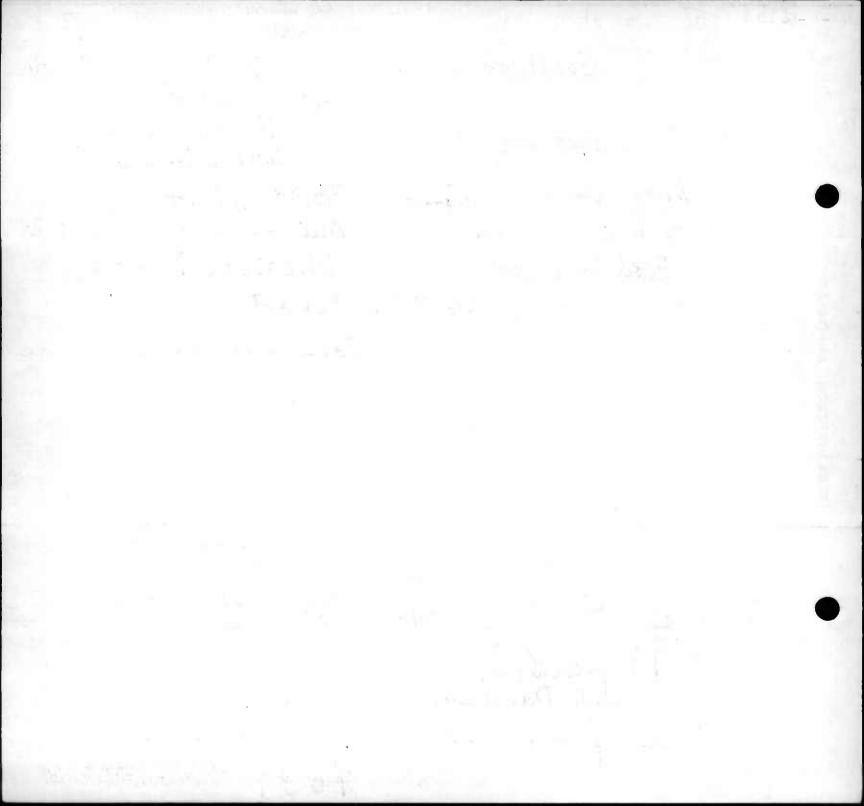




4504	BALTIMORE CITY	HEALTH DEPARTMENT	010
BIRTH NO. 67 4521	CERTIFICA	TE OF DEATH Registered No.	. 67 4521
M.E. CASE NO.  1. NAME OF DECEASED		2, DATE AND HOUR OF DEATH	1
(Type or Print) ROBERTELEE	EMERSON	U 5-5-67	9145 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (If not in hospital or institution,	ava sheet	MARYLAND, BALTIM	ORF
HOSPITAL OR oddress or focotion)	give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
1/			53-00
1 1 no o c 11 1/0.	Shifot)	D. STREET ADDRESS (If rurol, give location)	
MERCY AU	appellac	101 OVERBROOK RD.	
5. SEX 6. RACE 7. MARRIED, WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIND O	E BUSINESS OF INDUSTRY		12, CITIZEN OF
done during most of working life, even if retired)	DOSINESS OR INDUSTRI	MA ~	WHAT COUNTRY?
Retired policeman	(And order	MD.	USA.
		14. MOTHER'S MAIDEN NAME	
WILLIAM JAMES EME	ERSON	MARY ANN DONOI	LIN.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16 COCIAL	17 INFORALANT	ADDRESS
No	2 Tecnstrand7901	-A Alma Z. Emerson	101 OverbookRD.
1B. 197X-1+260X	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) A	RCINOMATOSIS	mos
heart failure, asthenia, etc. It means the disease,		and the same of th	
injury or complication which coused death.)	IBI PR	OSTATIC CARCINON	na mos.
ANTECEDENT CAUSES	DUE TO	2005 no 23 no mhann dan dan dan na dhe 2000 6 no na na na na na na na 2002 bha gudhadh 2006 a dhead a 2 na 1	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			
UNDERLYING CONDITION lost.	988 9 9A = = = = = = mil	***************************************	000 0 000 000 0 0 0 0 0 0 0 0 0 0 0 0
7 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		T-5 M=11 -15	1/20
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	TES NELLITUS  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218			re City, give exact location)
▼ DEATH (notify medical examiner) etc.		fice bidg., INJURY OCCUR?	
D 21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	hile At Not Whil	e 📉	
W			
22. I certify that (1) (this hospital) attended to		# - 10 1967 to	5-5 1967
that 🛈 (we) last saw the deceased alive an			pinian death accurred an the date
and haur and from the causes stated abave.	(We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE W	6	J	23 B. DATE SIGNED
. III. Danas	Phy	· · · · · · · · · · · · · · · · · · ·	5-5-67
23 C PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	M.D.	Mercy Hospital	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LOCATION	City, town, or county) (State)
Burial 5/8/67 S	t. Joseph's	Cemetery Cordova,	Maryland
	OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 9 1967 @ 2057	E starber MA	Mitchell-Wiedefeld H	ome 6500 York Rd
VS 150-REV. 1/1/65		1 5 5 0 Balto.,	Md. 21212

raa oo

VS 150-REV. 1/1/65



RECTOR: IMPORTANT  I examiner or his assistant if death occurred in a examiner. Also, if the direct or contributing cau	Chief medical examiner or his assistant if death occurred in a y a medical examiner. Also, if the direct or contributing cau	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	7	hospital and
RECTOR: IMPORTANT  I examiner or his assistant if death oc examiner. Also, if the direct or cont	Chief medical examiner or his assistant if death ocy a medical examiner. Also, if the direct or cont	sroved by the chief medical examiner or his assistant if death oche he hospital by a medical examiner. Also, if the direct or cont		curred in a h
RECTOR: IMPORTAN l examiner or his assistan examiner. Also, if the d	Chief medical examiner or his assistanty a medical examiner. Also, if the d	FUNERAL DIRECTOR: IMPORTAN sroved by the chief medical examiner or his assistant he hospital by a medical examiner. Also, if the d	-	it if death oc
RECTOR: l examiner of examiner.	chief medical examiner of a medical examiner.	FUNERAL DIRECTOR: sroved by the chief medical examiner of the hospital by a medical examiner.	IMPORTAN	or his assistan
	chief medica	FUNERAL DI sroved by the chief medical he hospital by a medical	RECTOR:	l examiner o
This certificate must be approved by the the body was released to the hospital b	e must be apprended to t	_		This certificate

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 4523 BIRTH NO. CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) John Plummer Ijams May 5, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissign) deat A. STATE B. COUNTY Balto. Mal. FULL NAME OF (ff not in haspital or institution, give street HOSPITAL OR oddress ar locotion) C. CITY OR TOWN (If outside city limits, INSTITUTION 9 Balte. ar atte St. Agnes Hospital D. STREET ADDRESS (If rurol, give local 4641 Briarclift Rd. 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. lost birthylgy Hours WIDOWED, DIVORCED (specify) Mala Dec. 11, 1890 Cauc. tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Retired Clerk Balte. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (late) Frank Ijams (late) Olivea 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO Mrs. Helen M. Ijams 4641 Briarclift Rd. 216-10-3697 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heorf failure, osthenio, etc. It means the diseose, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION lost ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING Ū 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat Whife (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an 731267 ....and that in (my) (aug) apinian death accurred on the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death, 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type Dr. Fred Beitler M.D 1014 Francis Ave. app eceased 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify) Burial 5/9/1967 Balto. Maryland Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Witzke Funeral Dir. 4101 Edmondson Ave \*

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

159A

## BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.67	4524
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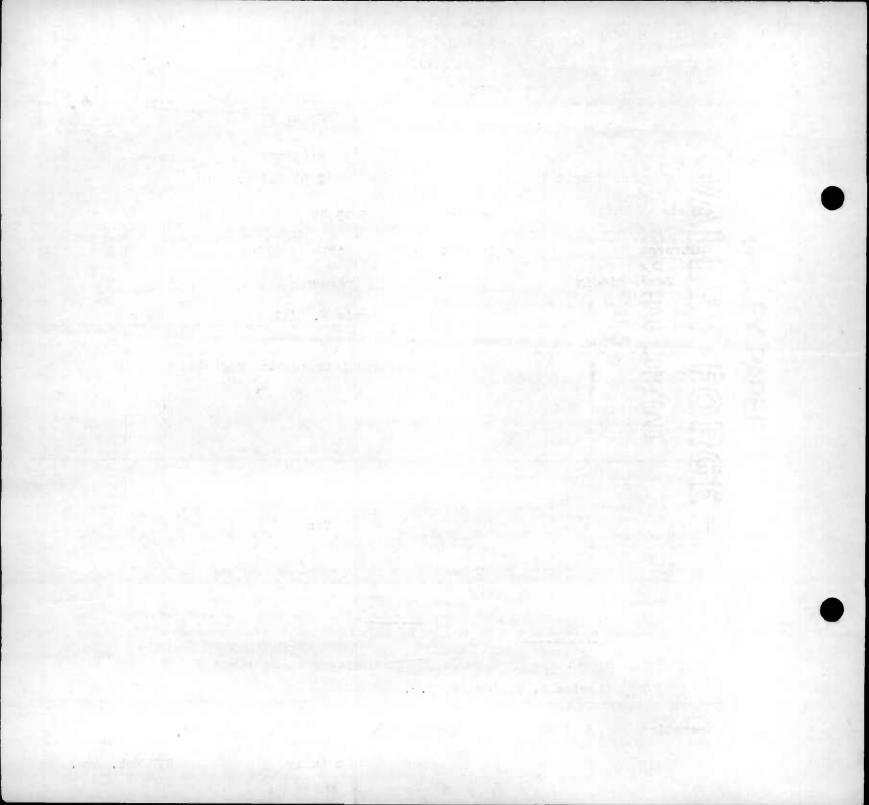
11		ERTIFICAT	E OF DEATH	Registered No.	4064
1.	.E. CASE NO. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
110	ype or Printi BRYAN, Nathan		5 mo	4 1967	10 05 AM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street	et	ma Ra	otimese	
	HOSPITAL OR address or location) INSTITUTION	C	CITY OR TOWN (If auts)	de city limits, write RU	RAL and give township)
ЯH	1 to be a beautiful	To	Baltucon	/ بع	1501
411	lyiversity of Maryland Hosp	COL D	O. STREET ADDRESS (If ru	rol, give location)	0
	SEX   6. RACE ,   7. MARRIED, NEVER		DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
"	WIDOWED, DIVO		y 1 10	st birthdoy)	Months Doys Haurs Min.
10	A, USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINE	SS OR INDUSTRY 11.	1/22/8.6 BIRTHPLACE (State at fareign	SO Country)	12. CITIZEN OF
	one during most of working life, even if retired)			,	WHAT COUNTRY?
13	Baker Same		MOTHER'S MAIDEN NAM	8	USA
11.0	H n	17.	. MOTHER'S MAIDEN NAM	211	
1	Thomas Braan		mary J.	· address.	<u> </u>
(Y	. Was Deceased Ever in U. S. Artied Forces? as,no ar unknown) (If yes, give wor or dates of service) SEC	URITY NO.	INFORMANT		ADDRESS
	UNKH	03-4414	4rs. Carrie Br	4.AN 76	20 Arlington Ave
	18.5 403.0	CAUSE OF I		0	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	7.73	RONCHOPNEUMONI		7126
	(This does not mean the amade of dying, e.g.,	DUE TO	OCEREBRAL	TRAVMA	7/20/6/
	heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.)	Z			
	ANTECEDENT CAUSES	P. 3		· · · · · · · · · · · · · · · · · · ·	
	DISEASES OR CONDITIONS, if any, giving	SUE TO			
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	3 <del>2</del> 0)			
	ONDEREING CONDITION (ds).	72 2			
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	28			
ATIV	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	De vector	MARCH TO THE TANK	- 6	
Charit	19A DATE OF OPERATION 19B. CONDITION FOR WHICH		20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	NDINGS CONSIDERED
1	4/17 2 5 4 Subdural her	atoma	1/0		
2	, OR CONTRIBUTING CAUSE OF hame, farm,	factory, street, office	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Boltimore (	City, give exoct locotion)
5	9001			lugton	(tre 6-01
1 2	OF INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?	
`	(APPROX.) Hpr 17 67 2:30PM Work	Not While At Work	x 14. }	0((	
	22. I certify that (1) (this haspital) attended the dece	ased from 2	t l		May 1967.
	that (I) (we) lost saw the deceased alive an 5	I May		rin(my) (our) opini	on deoth occurred on the date
	ond hour and from the causes stoted obove. (1) (We)	did) (did not) vier	w the body ofter deoth.	/	
	23A. SIGNATURE	A 11 - 1	in a standard s		238. DATE SIGNED
	obel stock	M.D. Attendi	Director P	hys.	5 May 67
1	23C. PHYSICHAM'S NAME (Type)	23 0	D. ADDRESS	1\	
	Robert - Holt	M.D.	Minersite	Hospit	tal
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CREM	ATORY 24D. L'O	CATION (City,	town, or county) (Stole)
	BURIAL 5-8-67 Mt. A	UBURN	Cem. K	Altimore.	Md.
2.	A. DATE REC'S BY HEALTH DEPT - SE NAME OF REGIS	TRANS	25C. FUNERAL DIRECTOR	1 - 1	ADDRESS
	- 100: (POGO) C.	CHICEOTTOR	I gran. E. D	4ett titl	1701 LAURERS

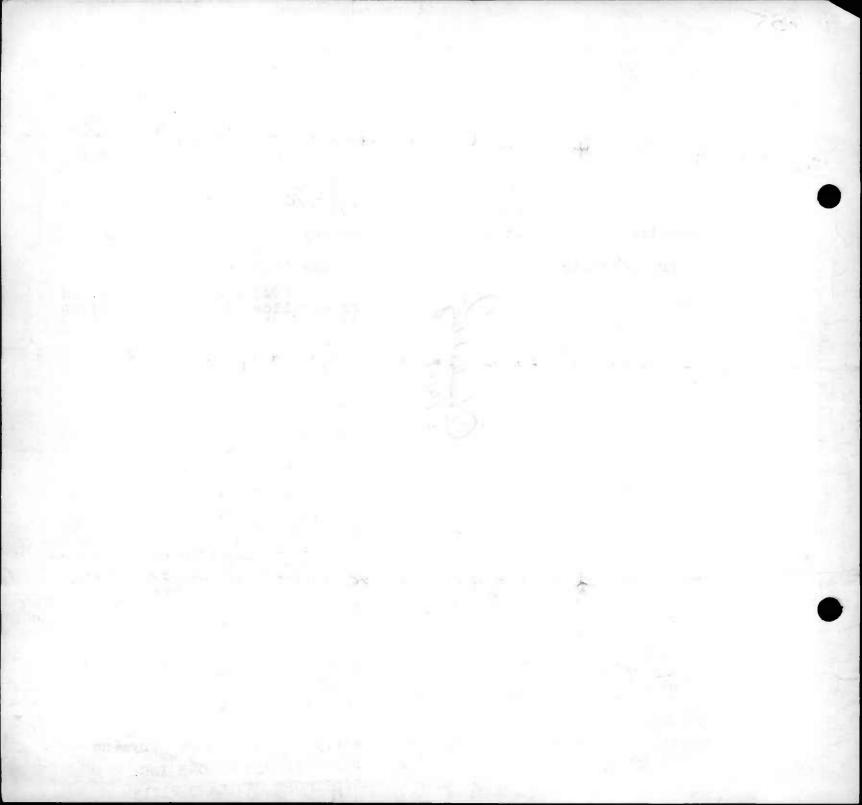
md Bretoner worken & bungant of Maryland Hospital 120 Arbington Are 58 38 pt/6 Baker فهمسد AZU BAT Hornes Byon manufall is addingon En es- me His Corne Bryon 720 Erlington Me Syptic U Burns 5-8 67 Mt Haberen Com Baltmass, tot Martin & Dight F. H. 1701 Laurell

BALTIMORE	CITY HEALTH	DEPARTMENT

			67	4525
OF	DEATH	Registered	No.	4020

1	BIRTH NO.	4525 MED		SALTIMORE CITY HEAL			EATH Register	67 45	525
14-40	M.E. CASE NO.			to .					
	1. NAME OF DE		(AD37 117	TT			5, 1967		0. A
THE RESIDENCE OF	3. PLACE IN BAL	TIMORE, MARYLAND,		ILL INCED DEAD	4. USUAL RESID		ceased lived. If instit	ution: residence befo	O A. M.
					A. STATE	arvland	B. COU	YTY	
	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITU (ATION)	ITION, GIVE STREET	C. CITY OR TO	wn (If outside	corporate limits, write	RURAL ond give to	wnship)
THE PLAN IN	3.3				D. STREET ADD	RESS (If rurol, g	ive location)	V	
	Но	pkins Hospita				001 Belai			
	5. SEX Female	White	WIDO WED, I	NEVER MARRIED DIVORCED(specify) arried	5 23 25		9. AGE (In years last birthday) 42	Months Days H	
		UPATION (Give kind of we working life, even if retired		BUSINESS OR INDUSTRY			country)	12. CITIZEN OF	RY?
	Waitress	3		aurant	Nofth	Carolin	8	U SA	
	13. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
		nes Biddix			Unknow	m			
	15. WAS DECEASED EVER IN U.S. ARMED (Yes, no orunknown),(If yes, give wor ar dote			16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
DIESER STORY	No				Louis S.	Hill		Same	
	1B. 3 =	3 O X .		CAUSE	OF DEATH				L BETWEEN
- Trans	DISEA	ASE OR CONDITION	DIRECTLY						
42	(This does	not meon the mode of a sthenio, etc. It meon		(A) Rupti	ured intra	acranial	saccular a	neurysm	
	heart failure injury or co	e, asthenio, etc. It mea amplication which caused	ns the diseose, d deoth.)						
	4-1-1	ANTECEDENT CAUS	ES					A-11-5-11	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					-010
		HE ABOVE CAUSE (A) ING CONDITION LAST							
	Z Z			(C)					
	OTHER SIG	II SNIFICANT CONDITION	S CONTRIBILITIE	NG					
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								***************************************
	lan land	F OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIN		D
	ठ	WAS PE	ERFORMED		Ye		CERTIFYING CAUS	ES OF DEATH?	
	UNDERLYING	AL CAUSE WAS OOR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. \ office bidg., INJUR	WHERE DID (IF	in Boltimore City, giv	e exoct location)	1554
	21D TIME	(Month) (Doy) (Ye	eor) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
	(APPROX.)				WHILE				
	22.	22. I certify that I held an Inquiry Inspection AutopsyX and that an this basis, death in my apinian							
	resu	ulted fram: Natural c	auses X A	ccident Suicid	e Hamici	ide Un	determined manne	r	
		00	1 1	00	CHIEF M	EDICAL EXA	MINER	DATE	SIGNED
	SIGNA		CS J.	do gal M.D	ASSISTANT M	EDICAL EXA	MINER X	DATE	3101125
	EXAMI	NER'S Charles	S. Sprin	ngate, M.D.	ASSOCIATE N	MEDICAL EXA	MINER	May 5, 19	67
	23A, BURIAL CR REMOVAL (Speci		23	C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City,	tawn, ar county)	(State)
	Crematic		67	Loudon Pa	rk	p	alto. Md.		
		D BY HEALTH DEPT.	248, NAME	OF REGISTRAR		AL DIRECTOR	aroo. Pide	ADDRESS	
	N	MAY 9 1967	Relati	E. Farleyma	Mc Cu	ılly	2:	37 Pat. Ave	ð.
	145 353 BEN 343	115	J1770 A	Marie AA					





	OPY AE	) PT	BALTIMORE CITY	HEALTH DEPARTMENT		67 4527
	TH NO. 67 458		CERTIFICA	TE OF DEATH	Registered No.	01 4321
(Ту	Pe or Print)	PHOEBE	Emma	2. DATE ANI	1967	930 A
C	FLACE OF DEATH IN BALTIMOR FULL NAME OF HOSPITAL OR Oddress or NSTITUTION	E AMI	ENDED	4. USUAL RESIDENCE (Where A. STATE B. COUNT   20   Ki	EVIN Road	
	Lutheran Hospita	l of Ma	ryland	D. STREET ADDRESS (IF,	urol, give locotion of Road	and 21229 /
5. 5	SEX 6. RACE	WIDOWE	, NEVER MARRIED D, DIVORCED (specify)	8-17-1880	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind to during most of working life, even if re Housewife		F BUSINESS OR INDUSTRY	New Jerse	y	12. CITIZEN OF WHAT COUNTRY?
13.	Joseph Big	gs		14. MOTHERS MAIDEN NAM  Mary  E	. Hender	son
15. (Ye	Was Deceased Ever in U. S. Arm s, no of unknown) (If yes, give wor	or dates of service)	16. SOCIAL SECURITY NO. 215-10-2464 B	Mr. Souil W. G		ADDRESS
	DISEASE OR CONDITIONS  This does not mean the monhealt failure, asthenia, etc. It injury or complication which complications are complicated by the complete	EATH  de af dying, e.g., neans the disease, oused deoth.)  KUSES  If ony, giving  (A) stoting the	(A) DUE TO  (B) COLE DUE TO	uptured vis	sews à gare red peritonit	interval between onset and death
L CERTIFICATION	5-6-67  21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF	ONS CONTRIBUTION RELATED TO THE SING IT. CONDITION FOR S PERFORMED F HOT	WHICH OPERATION  HUNGE VISCUE  PLACE OF INJURY (e.g., in e., form, foctory, street, of	20A. AUTOPSY? (Yes or No)  10 or obout 21C. WHERE DID 16 fice bldg., INJURY OCCUR?	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH? City, give exact location)
MEDICAL	DEATH (notify medical examines)  21 D. TIME (Month) (Day)  OF INJURY (APPROX.)	W	LINJURY OCCURRED  hile At Not While  At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this ha that (I) (we) lost sow the de ond hour and from the cause 23A. SIGNATURE	ceosed olive an.	5 _ 8 _ (1) (We) (did) (did not) v	iew the body ofter death.	ot in (my) (our) opin	ion death occurred on the do
24/	23C. PHYSICIAN'S NAME (Type) NGUYEN	TH / 24C.N	Phy	Lutheran He	ospital of	Maryland  Town, or county (Store)
	REMOVAL (Specify)	1/1967	Druid Ridge Ce		kesville, Mo	
VS	MAY 9 19	67 Red	6 / C D	Wm. J. 700	Ane & Sur	no with ita

5/25/67 - Surname corrected from "Gardner" to "Garner". Correction form from Funeral Director. Surname coded G-656.

67	4528 MEDICAL E	BALTIMORE CITY HEAL			67 4528
M.E. CASE NO.	MEDICAL E.	XAMINER 5 CI	ERTIFICAT	E OF DEATH ROSING	ered No
1. NAME OF DEC	CEASED			2. DATE AND HOUR PRONOUNC	ED DEAD
(Type or Print)	JOHN H. ROB	ERTS. Jr.		May 7, 1967	4:38 P. M.
3. PLACE IN BALT	TIMORE, MARYLAND, WHERE PRONO		4. USUAL RESIDE	NCE (Where deceased lived. If ins	
			A. STATE	B. COL	
FULL NAME OF	(IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOW	aryland N (If outside corporate limits, write	St. Mary's
INSTITUTION	ADDRESS OR LOCATION				12
33.			Le	exington Park,	00-00
Joh	ns Hopkins Hospital	(DOA		ESS (If rural, give lacation)	
99	Hopitziis mospzesz	(200.	1 33	37 Yorktown Road	
5. SEX		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min.
Male	White	DI VORGED (Specily)	3/30/1921		
	UPATION (Give kind of work 10 B. KIND C	F BUSINESS OR INDUSTRY			12. CITIZEN OF
done during most of	warking life, even if retired)				WHAT COUNTRY?
Retired	- Electronic Technic	clan U S N	W. Pal	m Beach, Florida	
	**		14. MOTHER'S MA	IDEN NAME	
John	Henry Rober	ts		Gravatt	
	ED EVER IN U.S. ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	World War II	SECORITI NO.	Unend tol		
	WOITH WAT II		Hospital	records	
18. E 8	23.4	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECTLY LEADING TO DEATH	M	ultiple tr	aumatic injuries	
(This daes heart failure injury ar ca	nat mean the made of dying, e.g., , asthenia, etc. It means the disease, mplication which caused death.)	DUE TO			
	ANTECEDENT CAUSES	(B)		• a==== 000 000 000 == 00000000000000000	
RISE TO TH	OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE	DUE TO			
	NG CONDITION LAST.	(6)			
6		( )		***************************************	
O THE	II  SUBJECT ON THE STREET STATES TO SERVICE STREET TO SERVICE STREET TO SERVICE STREET				
19A. DATE OF	F OPERATION 198, CONDITION FOR	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
0 0	WAS PERFORMED			IN CERTIFYING CAU	
ZIA EXTERNA	CAUSE WAS 21B	PLACE OF INJURY (e.g.,	Yes	Yes HERE DID (If in Baltimare City, g	ive event lengtion)
O UNDERLYING	OR CONTRIB-	ie, farm, factory, street, c	iffice bldg., INJURY	occur? Kennedy Hig	hway and
21D TIME	(Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HO	ce 695 Baltimore B	EILWay
OF INJURY (APPROX.)	5-7-67 3:30 Pm	WHILE AT NOT AT W	WHILE	iver of auto that	
22. 1 cer	tify that I held on Inquiry	Inspection Aut		that on this bosis, death in	

resulted from: Notural couses Accident X Suicide Homicide Undetermined monner

CHIEF MEDICAL EXAMINER

DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D.

ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER

May 8, 1967

23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

5/9/1967 Removal 24A. DATE REC'D BY HEALTH DEPT.

Hillcrest Mem. Park Cemet. West Palm Beach, Florida 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65

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Checken S. Spetcance, 1.v.

TOTAL ISSUED

	67	4529	MEDI	ICAL E	BALTIMORE CITY HEA			DEATUS	/	67 4529
	H NO.		MEDI	ICAL E	AMINER 3	EKTIFICA	ATE OF L	JEATH Regist	ered No	
1. 1	NAME OF DEC	EASED	D E/D/	Lou				D HOUR PRONOUN	CED DEAD	
3. F	LACE IN BALT	IMORE MA	BET'		ROBERTS OUNCED DEAD	A IISIIAI DE		7, 1967	stitution: res	4:38 P. M. idence before admission
						A. STATE	Maryland	B. CO	UNTY	St. Mary's
HO	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRES	S OR LOCA	AL OR INST	TUTION, GIVE STREET			e corporate limits, wri		
	3						Lexington			60-00
1	John	ıs Hopk	ins Ho	spital	(DO.	A N	337 York	town Road		
5. \$	EX	6. RACE			D, NEVER MARRIED , DIVORCED(specify)	B. DATE OF BI		9. AGE (In years	If Unde	er 1 Yr. If Under 24 Hrs.
	Female	Whi				_	11, 1922	45	IVIOIIIII	Soys Truois Tvilli.
don:	USUAL OCCU during most of w House	JPATION (Giv working lite, ev ewife	e kind of work en if retired)	TOB. KIND	OF BUSINESS OR INDUST		E (State or foreign)	n cauntry)	12. CITI	ZEN OF AT COUNTRY?
	ATHER'S NAM	1E		1	-	14. MOTHER'S	MAIDEN NAM			
	Clyde		alters					stle		
	WAS DECEASE , no or unknown)				16. SOCIAL SECURITY NO.	Hospita	al record	ls	ADDRES	5\$
LEADING TO DEATH  (This daes not mean the mode of dying, e.g., heart foilure, ostherior, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST.  (A) Cerebrocranial injuries  DUE TO  (B) DUE TO										
IFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSI							EATH?			
Z 12 A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeer) (Haur) 21E. INJURY OCCURRE OF INJURY					R		If in Boltimare City, Kennedy Hi Baltimore JRY OCCUR?	ghway	and	
	(APPROX.)	5-7-67	3:30	P. m.	WHILE AT NOT	WHILE X	Passenge	r in auto-p	ole c	ollision
	22.	tify that I h	eld an li	nquiry 🗌		utapsy 🗌 💮	and that an thi	is basis, death in	my opinio	on
	ACTUAL SIGNAT EXAMIN	URE	host	2 S.	0.	CHIEF D. ASSISTANT	MEDICAL EX	AMINER X		DATE SIGNED  8, 1967
22.4	NAME (	1 ype/	3B. DATE		23C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (Cit	y, town, or	
	AOVAL (Specify							OCAHON 101	y, 10 WII, 01	Coolity) (Sidie)

WAY 9 1967 Robert E. Farkey Wm. f. 7 inhurt Sons with 2 pa

Parada established a single of the August 19 and 19

67 4530	BALTIMORE CITY HEALTH DEPARTMENT 67 4530
BIRTH NO.	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) FOX BERNARY	N. 5-8-67 14, 15a.m.
3. PLACE OF DEATH IN PALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
NORTH CHARLES GENCAH	1. the nitor BALTIMORE 35-03
49	1510 FILBERT St. #21226
	NEVER MARRIED  DIVORCED (specify)  A S C (In years   If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
doze during most of working life, even if retired)  CARDEN YER  ROYNO	R SALES MARYLYND WHAT COUNTRY? UNITED STATE
GRORGE FOX	14. MOTHERS MAIDEN NAME
15. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORMANT ADDRESS
Yes Army W W 1	217-07-1969A NORTH Charles General Chart
18.420,1	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	The Myrandielles & Regard
(This does not mean the mode of dying, e.g.,	DUE TO
heal failure, asthenia, etc. It means the disease, injury or complication which coused death.)	sand sin a GAS many in legs
ANTECEDENT CAUSES	DUE TO
DISEASES OR CONDITIONS, if any, giving	July 10 1
uise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
A DISEASE OR CONDITION CAUSING II.	
19A. DATE OF OPERATION 19B. CONDITION FOR W	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.1	PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID , form, factory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	, lumi, luciory, sheet, diffice blogg, majori occors:
Q 21D, TIME (Month) (Dov) (Year) (Hour) 21E.	INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (A PPROX.) While	
22. I certify that (I) (this haspital) attended the	
that (1) (we) last saw the deceased alive an	and that in (my) (our) aplnian death occurred an the date
and haur and from the causes stated above. (1)	
23A. SIGNATURE	23B, DATE SIGNED
- allay	M.D. Attending Med. Stoff Phys. Stoff
23C. PHYSICIAM'S	23D. ADDRESS
DR. KOLODNY	M.D. GREENSPRING HVE,
REMOVAL (Specify)	ME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5/11/67. Balt	imore National Cemetery Baltimore, Md.
MAY 9 1967 258, NAME OF	25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214
VS 150-REV. 1/1/65	70004530

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FIG. D. D. D. T. WAS A STREAM LINE SEVEN.

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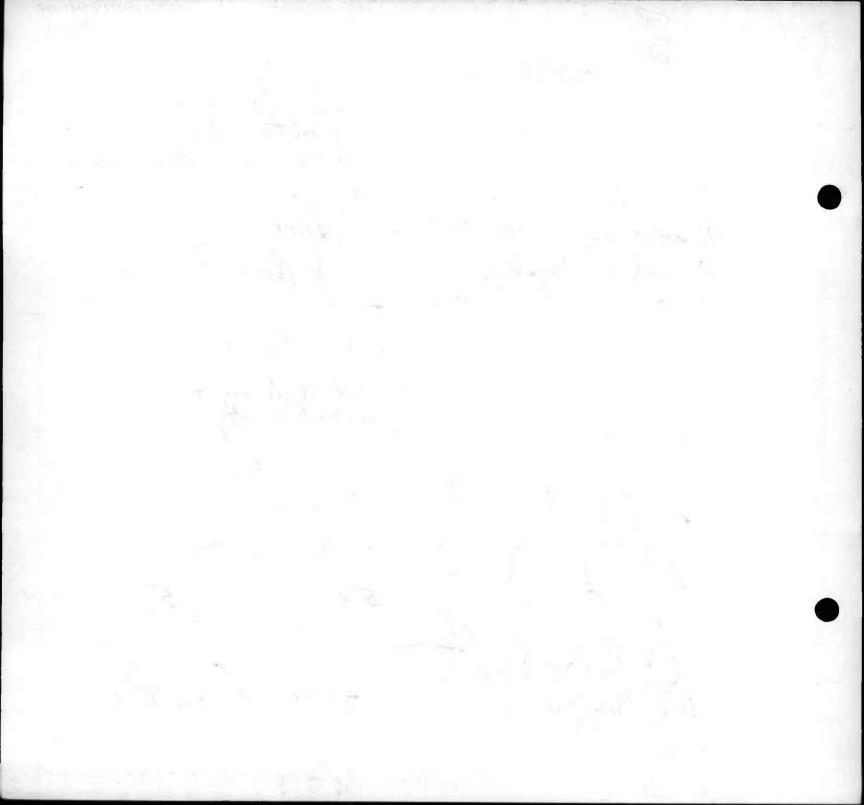
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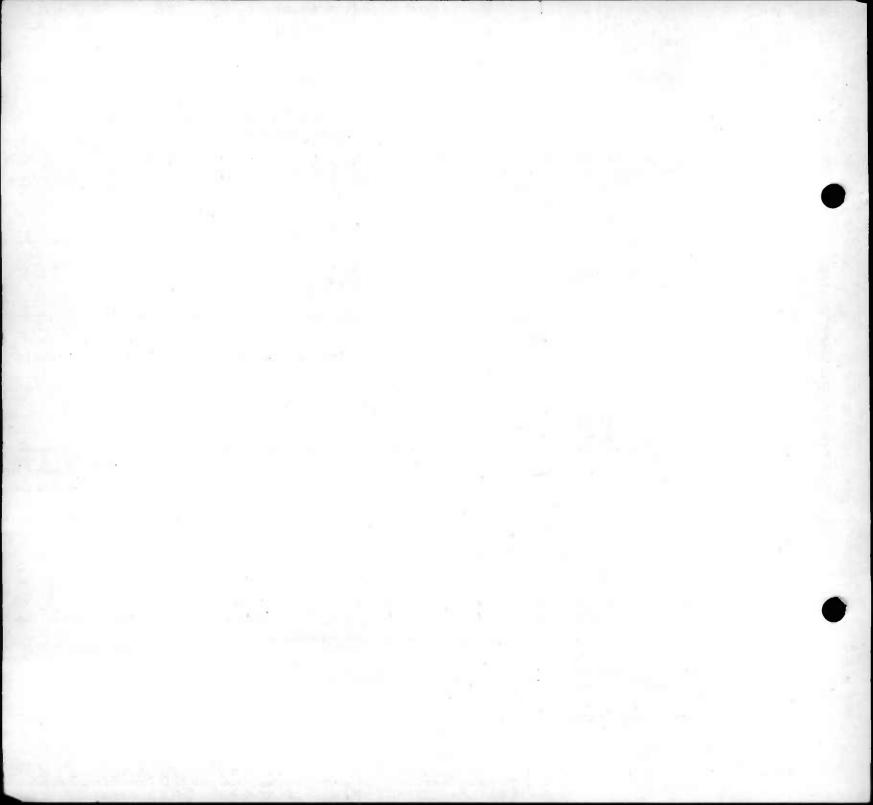
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FUNERAL DIRECTOR:



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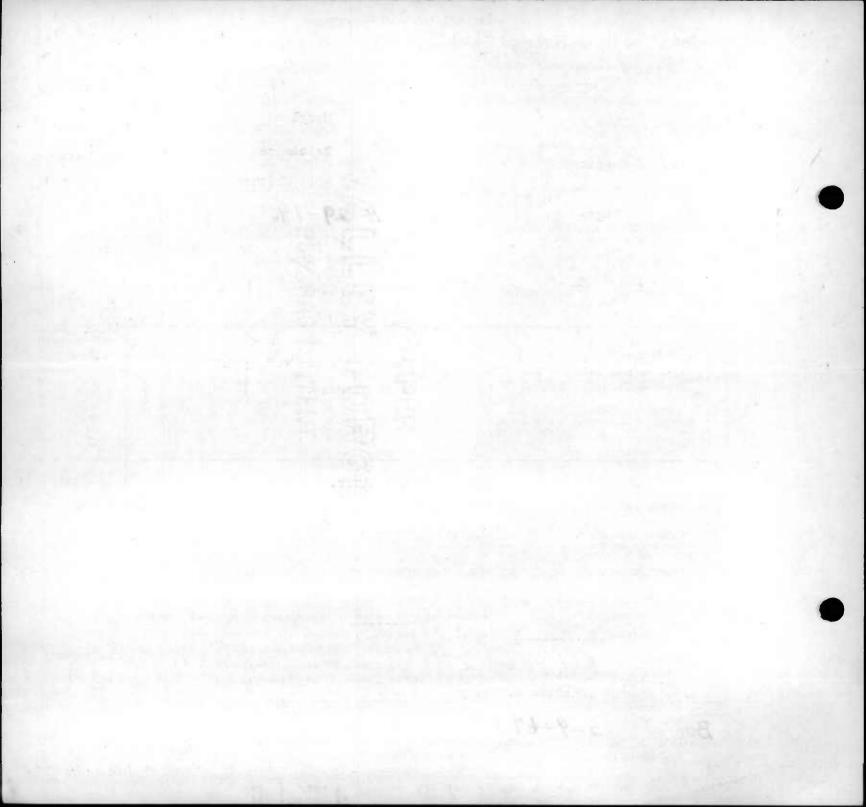
		BALTIMORE CITY HEALTH DEPARTMENT							
2	BIRTH NO. 67 4534 CERTIFICATE OF DEATH Registered No. 67 4534								
	1. N	A.E. CASE NO.  NAME OF DECEASED.    2. DATE AND HOUR OF DEATH							
		e or Print) EDWARD	B. 105/L	57NX 5	-7-67	M.			
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU	ere deceased lived. If ins NTY	titution; residence before admission)			
		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)  8/05. STREEPER JF					
		INSTITUTION,							
0	1	Cole Will							
6	0	Cule N. H. 4612 MAINE AUR							
made.	5. S		ED, NEVER MARRIED MED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
si i		USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?			
.o	at.	Soften		md.		WITAL GOOTHER,			
osi	_	FATHER'S NAME		14. MOTHER'S MAIDEN NA					
disposition	1	BERNARd		PelAGIA SAS					
	15. V	Nas Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dotes of servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS			
final		<b>≯</b> 6	220 -14-6763	MRS. Pati	PICIA Be	NNER SAMO			
or f		18. 4/6 X I	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION DIRECTLY	10	1	- 10				
baimed		LEADING TO DEATH (This does not mean the mode of dying, e	Thursmani						
pal		heart laiture, asthenia, etc. It means the diseo	4.4						
E		ANTECEDENT CAUSES	0 0 0.6 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
are		DISEASES OR CONDITIONS, il any, givi							
		rise to the abave cause (A) stating the (C)							
remains		11							
9	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
ther	U	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED			
+	RTIFI	WAS PERFORMED IN CERTIFTING CAUSES OF DEATH?							
before	AL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)			
	DIC		21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
ained	ME		While At Work Not While At Work						
ā		22. I certify that (I) (this hospital) attende			196710 to	1967.			
t be	11	and haur and fram the causes stated above							
must		23A. SIGNATURE	23B. DATE SIGNED						
		Mellow My	Stoff Phys.	7-8-67					
ritten approval		23C. PHYSICIAN'S		23D. ADDRESS	Sington	cos			
рр	24A	BURIAL CREMATION, 248. DATE 240	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (CI	town, or county) (State)			
ם עו	-	SEMOVAL (Specify)	4. CT2415	Inus To	Atmore				
itte	25 A	DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C, FUNERAL DIRECTO		ADDRESS			
¥		MAY 9 1967 R.C.	& E. Farberta -	KAYMUN	d / t	Deze Rowsky			
processor in	VS	150-REV. 1/1/65	670	12520 K	Test SI				



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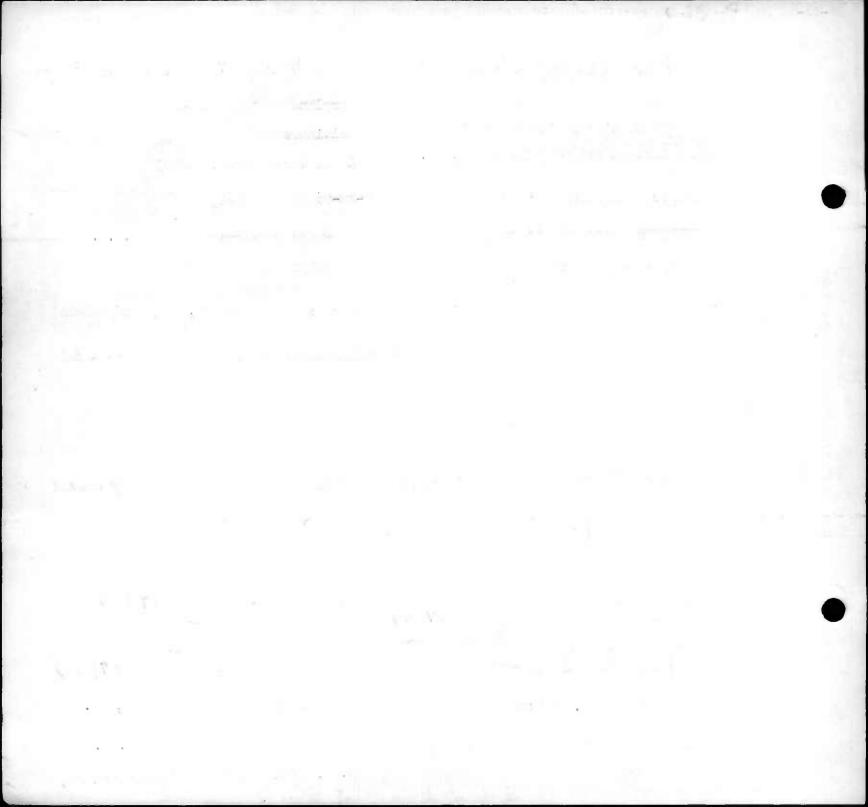
LE CASE NO.							
NAME OF DECEASED ype or Print)		2. DATE AND HOUR PRONOUNCED DE					
WILBERT	BAILEY	May 4, 1967	8:20 A M.				
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A STATE	IDENCE (Where deceased lived. If institution: B. COUNTY	residence before admission)				
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST		Maryland					
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR I	OWN (If autside carparate limits, write RUR/	L and give township)				
	В	altimore	13-10				
Sinai Hospital	D. STREET AD	D. STREET ADDRESS (If rurol, give lacation)					
		014 Chatham Road					
SEX 6. RACE 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (spec			Index 1 Yr. If Under 24 Hrs.				
Male Negro	10-29	-/916 50					
A. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLAC		CITIZEN OF				
ne during most of working life, even if retired)	1/1	reinia	WHAT COUNTRY:				
FATHER'S NAME	14. MOTHER'S	14. MOTHER'S MAIDEN NAME					
Robert E. Baile	4 Mxa	Maggie Krown					
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMAN	17. INFORMANT ADDRESS					
es, no oi unknown) (If yes, give wai or dates of service) SECURITY N	0.	7 / 9 11/8 21 17/	1 T 11 7.				
963	V1010	L Lawson-173	(1-/riniota Alk				
1º. 4 4 3 XI	CAUSE OF DEATH		ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY	A	tic and Hemantonaire					
LEADING TO DEATH  Arteriosclerotic and Hypertensive  (This does not mean the mode of dying, e.g.,							
(This daes not meon the mode of dying, e.g., heat failure, asthenia, etc. It meons the disease, injury ar camplication which coused death.)	Heart Diseas	e.					
near Disease.							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE	***						
RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.							
other significant conditions CONTRIBUTING Fatty Liver.							
TO THE DEATH BUT NOT RELATED TO THE FALLY LIVER.  DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	S CONSIDERED						
WAS FERFORMED	Y	es IN CERTIFYING CAUSES OF	Yes				
( 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJUNDERLYING OR CONTRIB- home, farm, foctory,	JRY (e.g., in or obout 21C.	WHERE DID (If in Baltimore City, give exc	oct lacation)				
ERLYING OR CONTRIB- home, farm, foctary, street, affice bldg., INJURY OCCUR? etc.}							
21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE							
							m. WORK
I certify that I held on Inquiry Inspection	Autopsy	and that on this bosis, death in my op	inlon				
resulted from: Notural couses X Accident	Suicide Homi	cide Undetermined monner					
CHIEF MEDICAL EXAMINER							
ACTUAL SIGNATURE ( ) (ethy)		MEDICAL EXAMINER	DATE SIGNED				
SIGNATURE LANGE EXAMINER'S		MEDICAL EXAMINER	5/4/67				
NAME (Type) Charles S. Petty	AJJOCIATE	MEDICAL EXAMINER					
A. BURIAL CREMATION, 238. DATE 23C. NAME of CE	METERY OF CREMATORY	23D. LOCATION (City, town	, or county) (State)				
Business 5-9-67 Family	11 Course	100 (A 11 11:00 -	7/18				
IA. DATE REC'D BY HEALTH DEPT.  248, NAME OF REGISTRAN	1 24C. FUN	ERAN DIRECTOR	C ADDRESS >				
MAY 9 1967 (20, 6 E Sall	ENMA O	1 3501-	8,51.11.20				
	Croc	ich's timeral Home -	Wash. D.C.				
S 151-REV. 1/1/65	3 . 3						
1 9 0 / 1		5 1 5					



A.E. CASE NO.	CEASED			1:	2. DATE AND H	OUR PRONOUNC	ED DEAD	
Type or Print)	HELEN	LOUISE	ASHBURN		May 6	, 1967		11:45 P .
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE			INTY	dence before odmission
ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	1	N (If outside co	orparate limits, write		4
3 / Me	rcy Hospital			D. STREET ADDRE				- M
. SEX	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	1020	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 H Doys   Hours   Min
Female	White		Married BUSINESS OR INDUSTRY			38	12. CITIZI	EN OF
Sales C	working life, even if retired)  lerk	Bake		Balti	more, Md		WHA	USA
FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAME			
	Marvin Ashbu			Marie	Ehm			
es, no or unknow	of EVER IN U.S. ARMED (If yes, give war or dote	es of service)	16. SO CIAL SECURITY NO.	17. INFORMANT Marie	Prom	Same	ADDRESS	
No. 118.			219 32 5020	OF DEATH	DIOWII	Danie		INTERVAL BETWEEN
RISE TO T	ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.	ANY, GIVING	(B)					
RISE TO T	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTING TATING THE	(C)					
OTHER SIGNATURE OF THE DISEASE OF TH	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING LATED TO TO	(C)	20A. AUTOPSY? NO		B. IF YES, WERE FI CERTIFYING CAU		
OTHER SIGNATION OF THE CONTROL OF TH	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION [198, CON	CONTRIBUTING THE  CONTRIBUTING TO	(C)	No in ar about 21C. Wi ffice bldg., INJURY	HERE DID (If i	CERTIFYING CAU	SES OF DE	eath?
RISE TO TUNDERLY  OTHER SIGN TO THE DISEASE (19A, DATE CONTINUING CANTUNDERLYING UTING CANTUNDERLYING CANTUNDER	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CON WAS PER AL CAUSE WAS	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTION LATED TO TO GIT.  21 B. home, etc.)	(C)  IG HE  WHICH OPERATION  PLACE OF INJURY (e.g., if form, foctory, street, of the Hotel  Hotel  IE, INJURY OCCURRED	No in or obout 21C, Wiffice bldg, INJURY Bal 21F, HO	HERE DID (If i	n Boltimore City, gind Calver	SES OF DE	eath?
RISE TO TUNDERLY  OTHER SIGN TO THE DISEASE OF 19A, DATE	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B, CONWAS PER AL CAUSE WAS SENT CONTRIBUSE OF DEATH.	CONTRIBUTING THE  CONTRIBUTING THE  LATED TO TI 3 IT.  IDITION FOR V FORMED  218. home, etc.)  (Hour) 2  A w. V	(C)  IG HE  WHICH OPERATION  PLACE OF INJURY (e.g., if form, foctory, street, of the Hotel  TE. INJURY OCCURRED  WHILE AT NOT VORK	NO in or obout 21C. Wiffice bidg., INJURY Ba1 21F. HO WHILE X Ing apsy and Whomicid	HERE DID (If i OCCUR? timore a word injury ested ov	n Boltimore City, go and Calver occur? rerdose. bosis, death in a determined monn	ses of De	ects
RISE TO TUNDERLY  OTHER SIGNATION  TO THE DISEASE (19A, DATE CONTINUED CAN CONTINUED CAN CAPPROX.)  21D TIME OF INJURY (APPROX.)  22. I ce results of CAPPROX.)	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  III GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CONWAS PER AL CAUSE WAS ENGRE OF DEATH.  (Month) (Doy) (Yeo 5 6 67)  Ortify that I held on I wited from: Natural co	CONTRIBUTING THE  CONTRIBUTING THE  LATED TO TI 3 IT.  IDITION FOR V FORMED  218. home, etc.)  (Hour) 2  A w. V	(C)	NO in or obout 21C. Wiffice bidg., INJURY Ba1 21F. HO WHILE X Ing apsy and Whomicid	HERE DID (If i OCCUR? timore a word injury ested ov that on this lee Uncollected DICAL EXAM	n Boltimore City, gi and Calver occur? verdose. bosis, death in a determined monn MINER	ses of De	ects
RISE TO TUNDERLY  OTHER SIGNATION  TO THE DISEASE OF 19A, DATE OF 19A,	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 19B, CONWAS PER ALL CAUSE WAS EMOR CONTRIBUSE OF DEATH.  (Month) (Doy) (Yeo 5 6 67 67 ortify that I held on I will held on	CONTRIBUTING THE  CONTRIBUTING THE  CONTRIBUTING LATED TO TI 3 IT.  IDITION FOR V FORMED  218. home, etc.)  A  MINING WITH CONTRIBUTING  PROPER  228.  PROPER  238.	(C)	NO in or obout 21C, Wiffice bidg, NJURY Ba1 21F, HO ORK Tng apsy and CHIEF ME ASSISTANT ME ASSOCIATE ME	timore a wold injury ested ov that on this ie Unc DICAL EXAM	n Boltimore City, go and Calver occur? rerdose. bosis, death in a determined monn MINER MINER MINER MINER	ses of De ive exoct to t Stre	DATE SIGNED
RISE TO TUNDERLY  OTHER SIGNATION THE DISEASE OF 19A, DATE OF 19A, DAT	OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST.  II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198, CONWAS PER ALL CAUSE WAS PER ALL CAUSE WAS PER OF DEATH.  (Month) (Doy) (Yeo) 5 6 167  ortify that I held on I will be of the control of the control condition of the control c	CONTRIBUTING THE  CONTRIBUTING LATED TO TO GIT.  PROPRIED  21 B. home. etc.)  A m. V  Inquiry  es S. Pe  23  G  G	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or Hotel  TE. INJURY OCCURRED  WHILE AT NOT WAT WAT WAT WAT WAT WAT WAT WAT WAT WA	NO in or obout 21C, Wiffice bidg, NJURY Ba1 21F, HO ORK Tng apsy and CHIEF ME ASSISTANT ME ASSOCIATE ME	HERE DID (If i occur? timore a wold injury ested ov that on this i occur. DICAL EXAMEDICAL EXAMEDIC	n Boltimore City, gi and Calver occur? verdose. bosis, deoth in a determined monn MINER MINER	ses of De ive exoct to t Stre my opinio er	DATE SIGNED

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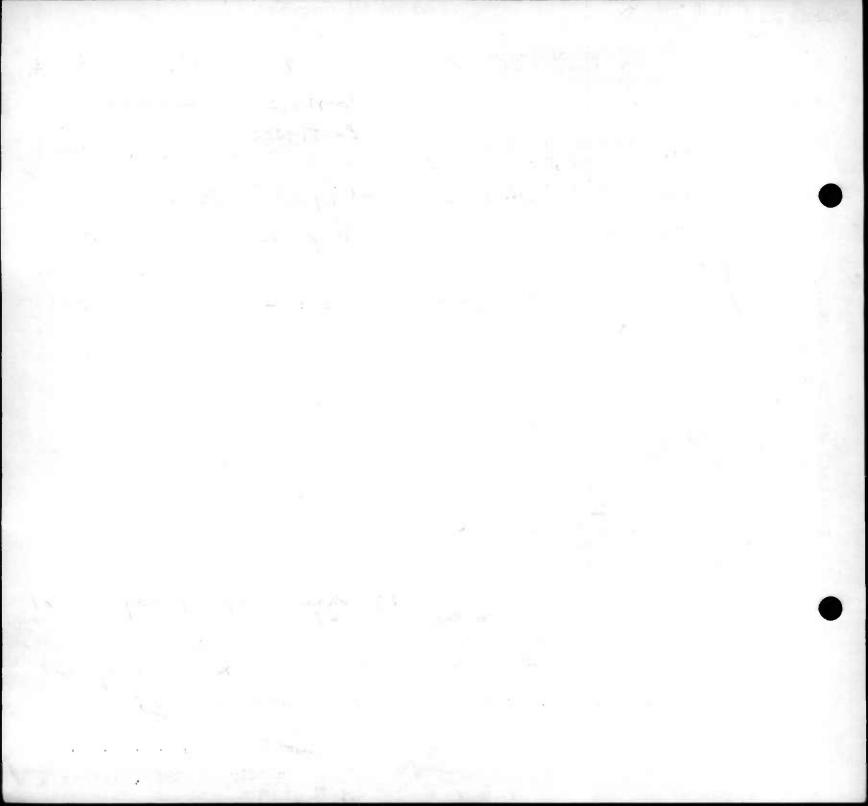


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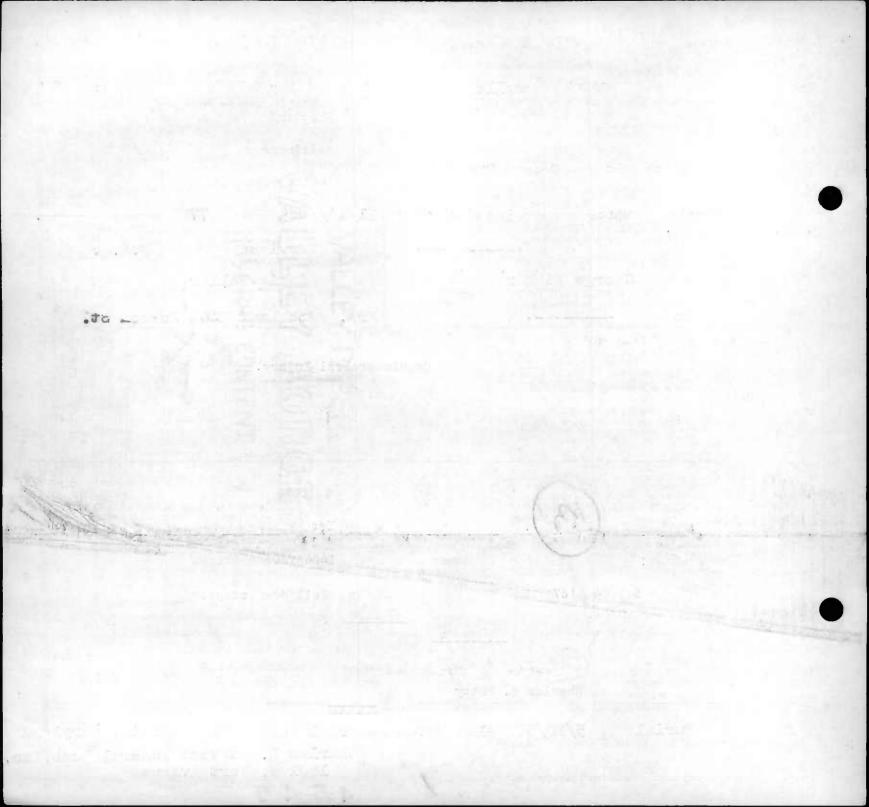
-	53-00	4 4700	BALTIMORE CIT	HEALTH DEPARTMENT		OP
BIRT M.E	H NO. O	7 4539	CERTIFICA	TE OF DEATH	Registered Na	67 4539
	AME OF DECE e or Print)	Edward Edward	Bernard Covington	Z. DATE AND HE	M (96	7 925 Am.
F	ULL NAME OF THE OFFICE	If not in hospitol oddiess or occopion  4940 Easter Baltimore, M	or institution, give street. City (to putals	A. USUAL RESIDENCE (Where dee A. STATE B. COUNTY WARY LAND C. CITY OR TOWN (If outside BALT MORE) D. STREET ADDRESS 4 9 (1) 10 12 12 12 12 12 12 12 12 12 12 12 12 12	city limits, write RU	RAL and give township)
5. S	EX YALE	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG lost I	GE (In yeors birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
13.	Boiler 1 FATHERS NAM	vorking life, even if setired) Maker		11. BIRTHPLACE (Stote or foreign of Virginia) 14. MOTHER MAIDEN NAME	Christine	12. CITIZEN OF WHAT COUNTRY?  WAS A  Grimes  ADDRESS
		(If yes, give wor or dote		Records:BCH-4940	Eastern A	
CATION	(This does in heart foilure, injury at came of the community of the commun	E OR CONDITION DIR LEADING TO DEATH at meen the mode of osthenio, etc. It meens plicetian which coused ANTECEDENT CAUSES OR CONDITIONS, of o obave cause (A) G CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELA	dying, e.g., the disease, deoth.)  (B)  DUE TO  any, giving stating the (C)  ONTRIBUTING		-tate	INTERVAL BETWEEN ONSET AND DEATH  SPECIAL  PLANTS  SPECIAL  SPECIA
MEDICAL CERTIFICA	19A. DATE OF 25 Mc. 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.)	TO WAS PER!  TO WAS UNDERLYING DING CAUSE OF medicol examiner)  (Month) (Doy) (Year)	DITION FOR WHICH OPERATION  ORMEDITURIARY OF MUCTO    218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURED  While At   Not White At Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore (	City, give exact locotion)
	that 🎮 (we)	lost sow the decease I from the causes star RE		19 — 7 ond that in	n (awy) (our) opini	an death accurred an the dote 38 DATE SIGNED 7 May 1967
24	Burial CREATE Burial		24C. NAME of CEMETERY of CI			town, or county) (Stote)
25A		BY HEALTH DEPT.	Glen Haven  258. NAME OF REGISTRAN  CLUB E COLOMBIA	25C. FUNERAL DIRECTOR  Mc Cull	Burnie, A.	A. Co. Nd. ADDRESS

E;



Circl	ASAO		BALTIMORE CITY H	EALTH DEPARTMENT			Cir
BIRTH NO.	4040	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regis	tered Na
M.E. CASE NO.							

1. NAME OF DECEASED  IAURA  Belle  CHENOWITH  2. DATE AND HOUR PRONOUNCED DEAD  May 6, 1967  1:30 P  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  South Baltimore General Hospital  5. SEX  6. RACE  White  White  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)  Widowed  Widowed  104. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit Maryland  C. CITY OR TOWN (If outside carparate limits, write RURAL and give lawnship)  Baltimore  D. STREET ADDRESS (If rural, give lacation)  1404 Towson Street  Months, Days Hours  Widowed  11/14/1889  77  IOAL USUAL OCCUPATION (Give kind of working life, even if retired)  Widowed  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Annie Fuller	L
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION  South Baltimore General Hospital  South Baltimore General Hospital  South Baltimore  D. STREET ADDRESS (If rural, give lacasian)  1404 Towson Street  S. SEX  6. RACE Widowed  7. MARRIED, NEVER MARRIED Widowed  Widowed  Widowed  11. BIRTHPLACE (State or foreign caunity)  Maryland  12. CITIZEN OF WHAT COUNTRY?	Hrs.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  South Baltimore General Hospital  South Baltimore General Hospital  C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give lacasian)  1404 Towson Street  S. SEX  6. RACE  WIDOWED, DIVORCED(specily)  WIDOWED, DIVORCED(specily)  Widowed  11/14/1889  P. AGE (In years lift Under 1 Yr. If Under 2 Widowing life, even if retired)  Widowed  10A. USUAL OCCUPATION (Give kind of wark loss, kind of Business or INDUSTRY)  11. BIRTHPLACE (State or foreign caunly)  WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  U. S. A.  14. MOTHER'S MAIDEN NAME	Hrs.
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS (If rural, give lacation)  Baltimore  D. STREET ADDRESS (If rural, give lacation)  1404 Towson Street  5. SEX  6. RACE  White  7. MARRIED, NEVER MARRIED  Widowed  11/14/1889  10A. USUAL OCCUPATION (Give kind of work look working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?  WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME	
Baltimore  D. STREET ADDRESS (If rural, give lacation)  1404 Towson Street  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years last birthday)   12. CITIZEN OF what done during most of working life, even if retired)  13. FATHER'S NAME  Baltimore  D. STREET ADDRESS (If rural, give lacation)  1404 Towson Street  9. AGE (In years last birthday)   12. CITIZEN OF what country last birthday   12. CITIZEN OF what country?   12. CITIZEN OF what country?   13. FATHER'S NAME	
South Baltimore General Hospital  D. STREET ADDRESS (If rural, give lacasian)  1404 Towson Street  5. SEX  6. RACE WIDOWED, DIVORCED (specily) Widowed  11/14/1889  10. STREET ADDRESS (If rural, give lacasian)  1404 Towson Street  9. AGE (In years last birthday)  11/14/1889  77  10. STREET ADDRESS (If rural, give lacasian)  1404 Towson Street  11/14/1889  11/14/1889  12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Widowed 11/14/1889 77   12. CITIZEN OF WHAT COUNTRY? WAS INCOME. See the second of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
5. SEX Female  White  To a. Usual occupation (Give kind of working life, even if retired)  To a. If Under 1 Yr. If Under 1 Yr. If Under 1 Yr. If Under 1 Yr. If Under 2 Ind. Usual occupation (Give kind of working life, even if retired)  To a. Usual occupation (Give kind of working life, even if retired)  To a. Usual occupation (Give kind of working life, even if retired)  To a. Usual occupation (Give kind of working life, even if retired)  To b. Date of Birth  11/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  13/14/1889  To a. Date of Birth  11/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  13/14/1889  To a. Date of Birth  11/14/1889  To a. Date of Birth  11/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  13/14/1889  To a. Date of Birth  11/14/1889  To a. Date of Birth  12/14/1889  To a. Date of Birth  13/14/1889  To a. Date of Birth  14/14/1889  To a. Date of Birth  15/14/18/18/18/18/18/18/18/18/18/18/18/18/18/	
Female White Widowed 11/14/1889 To Months Days Hours Days Hours Days Hours Days Hours Days Hours Days Days Days Days Days Days Days Day	Min.
done during most of working life, even if retired)  Maryland  U.S.A.  13. FATHER'S NAME	
13. FATHER'S NAME U.S.A.	
1 17 CT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, na arunknawn) (If yes, give war ar dotes of service) SECURITY NO.	
No Mrs. Ruth Lauf 1402 Towson St.	
18. CAUSE OF DEATH INTERVAL BETWOONSET AND DE	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Craniocerebral Injury.	
(This daes not mean the made of dying, e.g., DUE TO heart failure, asthemia, etc. It means the disease,	
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	*******
A CALLER CICALIFICANT CONDITIONS CONTRIBUTING	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED	
DISEASE OR CONDITION CAUSING IT.    19A, DATE OF OPERATION   19B, CONDITION FOR WHICH OPERATION   20A, AUTOPSY? (Yes of No.)   20B, IF YES, WERE FINDINGS CONSIDERED	
Yes IN CERTIFYING CAUSES OF DEATH? Ye	S
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimare City, give exact lacation) UNDERLYING™OR CONTRIB- 21B. PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimare City, give exact lacation) home, farm, foctory, street, affice bldg., INJURY OCCUR?	
Z1A. EXTERNAL CAUSE WAS UNDERLYING GO CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact lacation) home, farm, foctory, street, affice bldg., INJURY OCCUR?  1404 Towson Street	
21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY	
(APPROX.) 5 4 67 WHILE AT NOT WHILE EX Fell down steps.	
I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion	
resulted fram: Natural cousesAccident Suicide Hamloide Undetermined monner	
ACTUAL CHIEF MEDICAL EXAMINER DATE SIGN	ED.
SIGNATURE ( Laile / clly M.D. ASSISTANT MEDICAL EXAMINER X	
EXAMINER'S Charles C. Dotty ASSOCIATE MEDICAL EXAMINER 5/7/67	
	101
REMOVAL (Specify)	
Burial 5/10/67 Glen Haven Memorial Park Glen Burnie, Mary	and
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS	
MAY 9 1967 Robe E. Farleyna Charles L. Stevens Funeral Home	, Inc
VS 151-REV. 1/1/65 N 8 5 1 9 7 0 0 0 4 5 4 9	



Such

-		HEALTH DEPARTMENT	( ))**\
1	BIRTH NO. 67 4541 CERTIFICA	TE OF DEATH Registered No.	67 4541
i	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type of Print) LEVINE , MAN	1A 5/5/67	6:35 AM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst	itutian: residence before admission)
	FULL NAME OF (II not in hospital or institution, give street oddress or location) (NSTITUTION	Md Baltimore  C. CITY OR, TOWN (If outside city fimits, write RL	JRAL and give township)
	GI LEVINDALE HEBREW	D. STREET ADDRESS (If rurol, give location)	27-17
6	HOME AND INFIRMARY	Levindale Hebrew Hom	
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	9-15-10000	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
disposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during mast of working life, even if relired)	Λ	12. CITIZEN OF WHAT COUNTRY?
=	HOUSEWIFE AT HOME	POLAND	USA
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	LAIB JANOFSKY	CHAI ?	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
tina	101/11/02-	UD ON THITHE FACE ONE	HOPPING AVELUE HO
or f	18. 2 0 3 X I CAUSE O	MR. SAM LEVINE, 5826 GREE	NSPRING AVENUE #9 INTERVAL BETWEEN ONSET AND DEATH
P	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Multare Musi	11
E	(This does not mean the made of dying, e.g., DUE TO	MULTIPLE MYELOMA	6 months
m m	heart failure, asthenia, etc. It means the disease,		
g E	injury or camplication which caused death.)		
0	ANTECEDENT CAUSES  (B)  DUE TO		
are	DISEASES OR CONDITIONS, if ony, giving		
	rise to the abave cause (A) stoting the (C) UNDERLYING CONDITION last.		
-			
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the remains	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED
0	WAS FERFORMED	YES IN CERTIFYING CAU	SES OF DEATH:
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING 1  21B. PLACE OF INJURY (e.g., in the control of the c	n ar obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
	0		
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
=	(APPROX.) While At Work At Work		
opto	22. I certify that (I) (this hospital) attended the deceased from A	18,65th 1967 10 May	15 +6 10 67
	that (1) (we) last saw the deceased alive an May 5th	19 67 and that in(my) (aur) apin	ion doest non-wed on the date
pe		and that themy, (dor) april	di deuth accorred an the date
must	and haur and from the causes stated abave. (1) (We did) (did not)	view the bady after death.	23 B. DATE SIGNED
Ē			- 1 - 2 ( -
		s. Director Phys.	3/5/19
approval	23C. PHISICIAN'S NAME (Type)	23D. ADDRESS	
ď	DAVID J. SEFF M.D.	SINAI HOSPITA	L BALTO. MA.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		, town, or county) (State)
written	BURIAL 5/7/67 BALTIMORE HEBRE	N REISTERSTOWN	MARYLAND ADDRESS
3	MAY 9 1967 Robert E. Farkey M.	SOL LEVINSON & BROS. INC.	

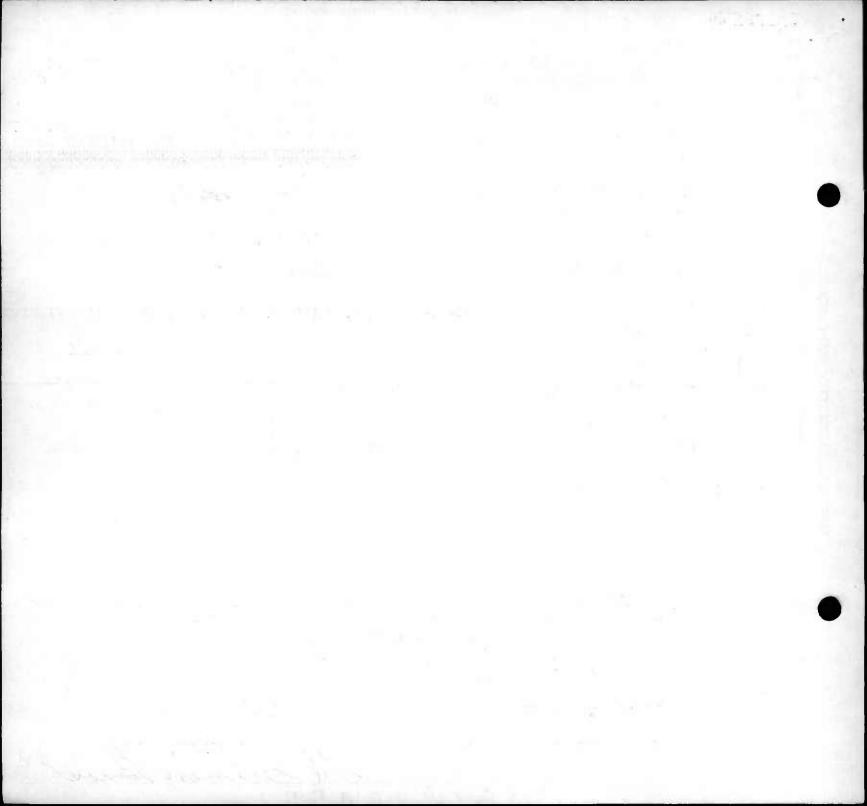
VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR ADDRESS EVINSON & BROS. INC., 6010

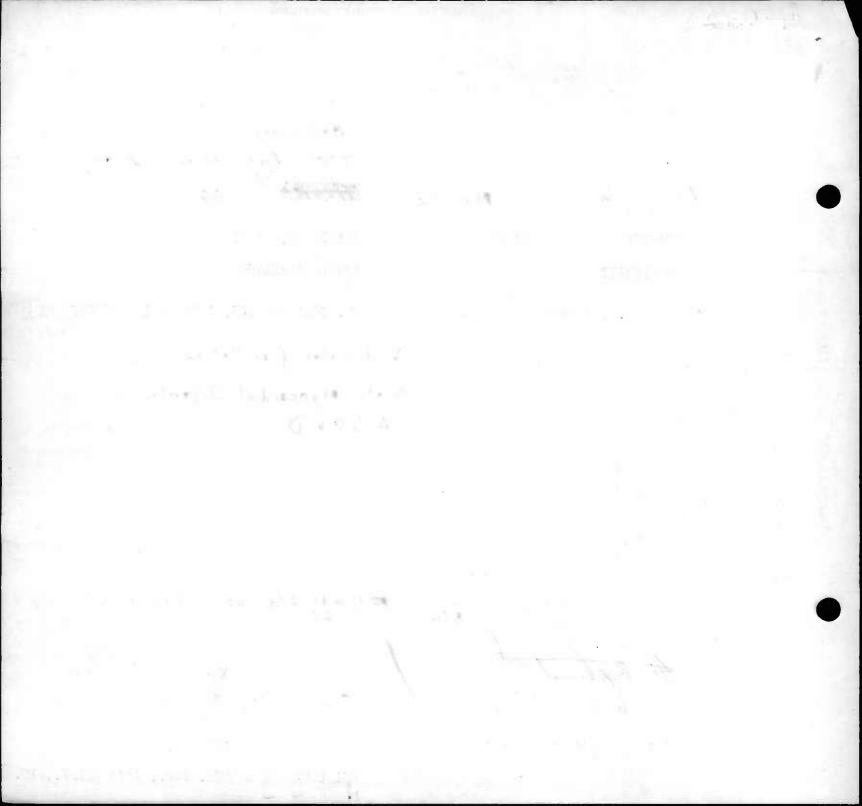
LEWINGALE HEAVE -Неме пис пископист 29-13-95 192 W F POLAND MULTING MELONA ...... YES The same of the sa \* SIMAI HOSATAL ....

FUNERAL DIRECTOR: IMPORTANT

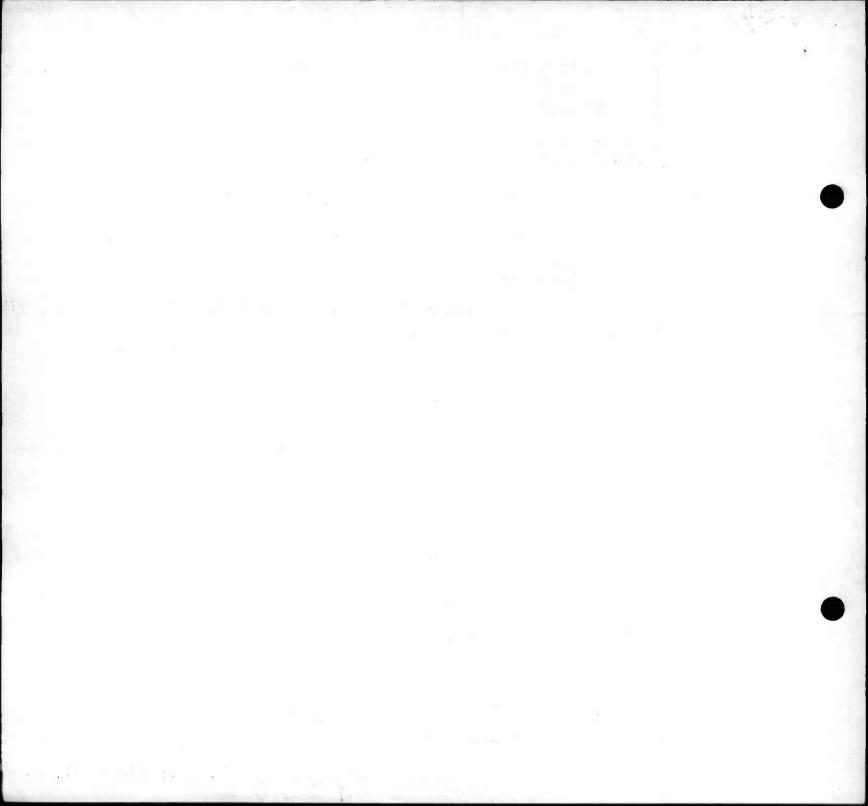
-16	BALTIMORE CITY H	EALTH DEPARTMENT		OPY 4
	RRTH NO. 67 4542 CERTIFICAT	E OF DEATH	Registered No	6/ 4542
1.	ME CASE NO.  INAME OF DECEASED  Type at Print) GERTRUDE ROSENSTOCK	2. DATE AN 5/4	HOUR OF DEATH	1 7:55 nm
3.		L USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
	HOCHTAL OR	MARYLAND CITY OR TOWN (If out	side city limits, write RU	27-20 RAL and give township
	HOUSE IN THE PINES-BELUFUEDE	BALTIMOR.	Eurol, give location) 30	00 FALLSTAFF MANOR
	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8.	<b>经现场的现在分词的</b>	<b>XXXXXXXXXXXXX</b>	<b>AHKAKHKAHKAHKKKKA</b>
	WIDOWED (Specify)	5/21/1882	ost birthdoy 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 Idea during most of working life, even if retired)	. SIRTHPLACE (State or foreign	gn cauntly)	12. CITIZEN OF WHAT COUNTRY?
122	HOUSEWIFE AT HOME	BALTIMORE	MARYLAND	USA
1113			16	
1.5	EMANUEL HAMBURGER  5. Was Deceased Ever in U. S. Armed Forces?   1 6. SOCIAL   17	RACHE L	?	ADDRESS
(Y	Yes, no or unknown) (If yes, give wor or dotes of service)   SECURITY NO.	. INFORMANT		Ct
	NO 218-28-8636A CAUSE OF	MR. TULTAN C.	ROSENSTOCK,	3000 FALLSTAFF MANO
	TOUR ON COMPINION DIRECTIVE		•	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	BRO-VASCULAR	? ACCIDEN	1 4 HRS
	heart foilure, asthenia, etc. It means the disease,			
	injury or complication which caused death,)	W D		
	ANTECEDENT CAUSES  (B) V  DUE TO	***	H du n n n n n n n n n n n n n n n n n n	
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)			
	UNDERLYING CONDITION last.			
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
PTIELC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	
14	OF CONTRIBUTING CAUSE OF OF CAUSE OF DEATH (notify medical examiner)  OR CONTRIBUTING CAUSE OF Land of the community of the c	o bout 21C. WHERE DID e bfdg., INJURY OCCUR?	(If in Boftimare C	City, give exact location)
	O 21D. TIME (Month) (Doy) (Yeor) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
1	OF INJURY  (APPROX.)  While At Not While [ Work At Work			
	22. I certify that (1) (this hospital) ottended the deceased from	7/28 1	963 10	5/4 1967.
	that(1)(we) last saw the deceased alive on 5/4			on deoth occurred an the dote
	ond hour and from the couses stated above (1) (We) (dld) (did not) vie			
-11	23A. SIGNATURE	/		3B. DATE SIGNED
	Beward & Hochet, M.D. Attend	Director	Staff Phys.	5/4/67
	23 C. PHYSICIAN'S NAME (Type)	D. ADDRESS Park	Height a	The
	BERNARD R. SHOCKET	6 10 4 1 - W.	efemore 1	- wel.
24	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ATORY 24D. LC	CATION (City,	to/wn, or county) (Stote)
	BURIAL 5/7/67 BALTIMORE HEBRE	W	BERKEMBER.	MARYLAND
25	MAY 9 1967 DE LA COLLEGE	25C. FUNERAL DIRECTOR	9	BADDRESS SINC.
	150 - REV. 1/1/65	1000	rosen	10100.
	707010			



2	BALTIMORE CITY	Y HEALTH DEPARTMENT 67 4543
	TH NO. 67 4543 CERTIFICA	TE OF DEATH Registered No.
1.	NAME OF DECEASED  The of Print Abraham Hurwitz	2. DATE AND HOUR OF DEATH May 6th 1967 1 1.35 A M
3.	Sina Hospital of Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (II not in hospitol or institution, give street oddress or location)	Md Balto Co
	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	<i>t</i> 2	D. STREET ADDRESS (If rurol, give location) 7701 Park Heights Ave
	SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	B. DATE OF BIRTH 19009. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?
	CONTRACTOR ELECTRIC	BALTIMORE, MARYLAND USA
13.		14. MOTHER'S MAIDEN NAME
15.	SIMON HURWITZ Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	FANNIE ALEXANDER
(Y)	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
-	YES W.W. 1 ARMY VUNKNOWN CAUSE C	MR. JOEL HURWITZ, 1011 HILLEN STREET #2  OF DEATH  INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		ntricular fibrillation 30 min
	hearl failure, asthenio, etc. It means the disease, injury or complication which caused death.)	1 7 1
	ANTECEDENT CAUSES  (B) ACC	ste Myocardial Juferction 6 hr.
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	4 SCVD Unknown
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in the control of the c	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
MEDI	OF INTIDY	
	22. I certify that (I) (this hospital) attended the deceased from	
	that (I) (we) last sow the deceased alive on 5/6	
	and haur and fram the causes stated abave. (We) (did) (did nat)	
	23A. SIGNATURE  M.D. AH	ending Med. Stoff S
	23C. PHYSICIAN'S	ending Med. Stoff Phys. 2 5/6/67
	NAME (Type) William Cipplinski M.D.	Sinai Itospital of Baltimore
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D, LOCATION (City, town, or county) (State)
25	BURIAL 5/7/67 MIKRO KODESH BET A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	H ISRAEL BALTIMORE, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS
	MAY 9 1967 Robert E. Farleyman	SOL LEVINSON & BROS. INC., 6010 REIST., RD.
VS	150-REV. 1/1/65	4552

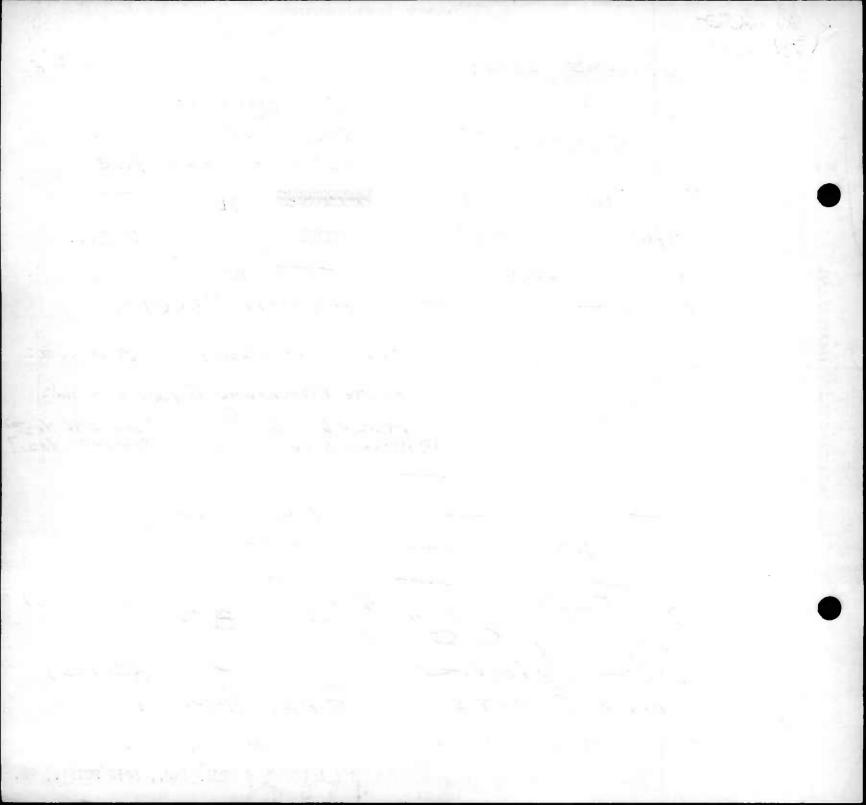


	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67 4544 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 4544
1. NAME OF DECEASED		2. DATE A	NO HOUR OF DEATH	
(Type or Print)		MAY 4	1967	1 6:45 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4"	4. USUAL RESIDENCE (Wh	era daceased lived. If i	6:45 A. M.
FULL NAME OF (If not in hospital or institution, g	rive streat	MARYLAND		RURAL and give township
INSTITUTION				15-10
BELVEDERE NURSING HOME		D. STREET ADDRESS (I	f rural, give lacotion)	10/0
2525 W. BELVEDERE AVENUE		3907 OAKFORD	AUFNIE	
SEX 6. RACE 7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
	DIVORCED (specify)	1141/ 15 1605	last birthdoy)	Manths Doys Haurs Min.
MALE WHITE MARRI OA. USUAL OCCUPATION (Give kind of work 10 B, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or for	eign country)	12, CITIZEN OF
ane during most al warking life, even if retired)				WHAT COUNTRY?
GROCER RETAI	L	POLAND		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
TACOR ARPAHAM AVEIDOD		ROSLYN	2	
JACOB ABRAHAM AXELROD 5. Wos Deceased Ever in U. S. Armad Farces?	1 6. SOCIAL	17. INFORMANT	ě	ADDRESS
es, na ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	1100	VELDAG CCC	T ALVEADA LIEUT
NO	216-32-8916 CAUSE O	MKS. FREDA A	XELKUU, 390	7 OAKFORD AVENUE
3341	<i>(</i> 7)			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cere	bral Kovino	1 Whomak	ni 10ch-
(This does not mean the mode of dying, e.g.,	(A) DUE TO		011 .0120	10/10
heart foilure, osthenio, etc. It means the disease,			*	
injury or complication which caused death,)	(8)			
ANTECEDENT CAUSES	DUE TO		80-90-9-6	
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost,	(C)		000000 0000 n 0000 n 0 n 0 n 0 n 0 n 0	
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U 104 DATE OF OPERATION TOR CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (o.g., in	a ar about 21 C. WHERE DID	(If in Baltimo	ra City, give exact lacation)
▼ DEATH (natify madical examiner) etc.)		fice bldg., INJURY OCCUR?		
21D. TIME (Manth) (Day) (Yaar) (Haur) 21E.	INJURY OCCURRED	21F. HOW DID IN	IIIPY OCCIIP?	
OF INJURY	la At Not While		JUNI OCCUR:	
(APPROX.) Warl		1000		75/
22. I certify that (I) (this hospital) ottended th	e deceased from	/75,)	19 to J/	196)
that (I) (we) last sow the deceased alive on	1/3	19 6 ) ond t	hot in (my) (our) op	Inion death accurred on the date
and hour and from the couses stated above. (1)				
23A. SIGNATURE	, (e) ( <del>1117)</del> (did ilot) (	Tew The body offer deoill.	<u> </u>	238, DATE SIGNED
Day a la sal 1	M.D. Atto	inding 7 Med.	Staff	1/1/10
Theres I in 4		minding Med. Director	Phys	1770
23 C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS		/ /
DR MILITAN R KT	RSH M.D.	4000 W. NO	RTHERN PARK	(:)AV
4A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CRE		LOCATION (C	City, tawn, ar county) (State)
5EIH	YEHUDA ANSHE	KURLAND	20000115	1/471/1/41/10
SURIAL 5/5/67 NOR	F REGISTRAR	25C. FUNERAL DIRECTO	ROSEDALE,	MARY LAND ADDRESS
160V 0 4007 A = =	0 7 0			
MIAY 9 195/10:2.5	E STANKUHAR	BUL LEVINSON	& BKUS. INC	., 6010 REIST., RD.
'S 150-REV. 1/1/65	6 / 6 2	0 4 5 5	Li .	



Such -

1			BALTIMORE CITY	HEALTH DEPARTMENT		67	4545
		H NO. 67 4545	CERTIFICA	TE OF DEATH	Registered No.	01	1090
	1, N	AME OF DECEASED	-1010 11	2. DATE ANI	HOUR OF DEATH		05.
		LUILLIAMS EST	HER. K.	4. USUAL RESIDENCE (Where	-4-6 /	tution; residence belo	ore odmission)
			1	A. STATE B. COUNT	LTIMORE		
	H	FULL NAME OF (II no) in hospitol or instituti HOSPITAL OR oddress or locotion) NSTITUTION			side city limits, write RU	RAL and give towns	hiph
		NSTITUTION 5 INAI T	405P.	BALTIMO	RE urol, give location)	1	7-18
		4 3 / 10 / 1			OTTAGE	AUG	
0	5. S		IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH		If Under 1 Yr. If I	Under 24 Hrs.
Is m		F (11)	M	THE THE PARTY OF T	DA		
		. USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	jn columny)	12. CITIZEN OF WHAT COUNTR	t¥?
siti	13.	FATHER'S NAME	T HOME	POLAND  14. MOTHER'S MAIDEN NAM	N.E.	U.S.A	
disposition		4 CAPATA			MINIOM		
0	15. Y	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	UNKNOWN	ADDRESS	
fina		NO	NO.	HOSPITA	CHAR	7	
0		1B. 4 2 0 ,	CAUSE O	DEATH		INTERVAL B	
9		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Pu	LHONARY E	DEMA	30 HII	VUTES
E		(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE 10				
emp		injury at complication which caused death.)  ANTECEDENT CAUSES	(B) Ac	UTE MYOCAR	DIAL INFAR	TON 4	HRS.
are e		DISEASES OR CONDITIONS, if any, give	DUE TO				
		rise to the above couse (A) stating UNDERLYING CONDITION los).		scud		SEVERA	LYRS
ם	_	II	<u> </u>	GRTENS/ON		TYANF	YR3.
ren	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE				
the remains	FICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERE	D
ore	CERT	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID		City, give exact loca	tion
peto	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, loctory, street, of etc.)	fice bldg., INJURY OCCUR?	-	, ,	
	EDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
ained	2	(APPROX)	While At Work At Work				
obt		22. I certify that (1) this haspital attended	ed the deceased from	5-4	967 10 5	-4-	19 67.
pe		tho (W) (we) lost saw the deceased alive		19 6 7 and the	ot in my (bur) apini	on death occurred	on the date
must		and hour and from the causes stated above	ex(1)/(we) (aid /(aid not) v	tew the body after death.	2	38, DATE SIGNED	
		(ikin /ele	Atte	nding Med. Director	Stofl Phys.	4-4-	6)
NO V		23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 ==		
approval	244	BURIAL CREMATION, 124B, DATE 1246	C. NAME OF CEMETERY OF CRE	SINAI	CATION (City.	town or country	(Stote)
		REMOVAL (Specily)		14.5		te the	1310161
ritten	25A		WORKMENS CIRCLE	25C. FUNERAL DIRECTOR	LIIMORE, MAR	Y LAND ADDRES	SS
₹		MAY 9 1967 R.C.	of E. Falley M. M.	SOL LEVINSON	& BROS. INC.	. 6010 REI	ST., RD.
	VS	150-REV, 1/1/6S	W # 50				



1	000 45 45	BALTIMORE CITY	HEALTH DEPARTMENT		00 45.40
11	TH NO. 67 4546 E. CASE NO. Mouon	CERTIFICA	TE OF DEATH	Registered No.	6/ 4546
11.	E. CASE NO. Meyer		2. DATE AN	HOUR OF DEATH	107511
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	5/4/6)	12 FJ M M
	FILL MANE OF U.S. I will be to be a fine		A. STATE B. COUN	0+2	
	FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If outs	side city limits, write RUR	AL ond give township
	rall issuice	atol	Balto.		21-19
	42 511100 400	Pecasi	5814 CLE	urol, give locotion	
5.	SEX   6. RACE   7. MARR	HED, NEVER MARRIED		D. AGE (In years III ast birthday)	Under 1 Yr. It Under 24 Hrs.
	Vale white MA	LRIED	9/23/97	69	
	A, USUAL OCCUPATION (Give kind of work 10B, KINI ne during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
13	Employee U.S.	600 l.	Baltimore, Mar	yland	U.S.A.
'	TOTAL NOWL				
15	Meyer S. Hallo Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANTE Mann		ADDRESS
11	(If yes, give wor or dotes of servi				
1	18. / Lang	215-10-4633 CAUSE O	F DEATH	ele, 5814-clo	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	The		hAs Polace	, 1
	(This does not mean the mode of dying,		Sand /105 960 191	Libral William	1 day
	heart failure, asthenia, etc. II meons the dise injury ar camplication which caused deoth.)	/ '	cinoma tosis		4Thas.
	ANTECEDENT CAUSES	(B)	- 7(0)// 4(10)	**************************************	
	DISEASES OR CONDITIONS, if any, girise to the obove cause (A) stating	ving the (c) (a	versioner of Sign	noilacon	3 /24/12
	UNDERLYING CONDITION last.	***************************************	/ 0		/
2	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		TAAA		
F07161C	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	
0	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or	n or obout 21 C. WHERE DID	(It in Boltimore C	ty, give exact facation)
14	DEATH (notify medical examiner)	etc.)	The original of the original o		
NA ED	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While AI Not Whit	21F. HOW DID INJU	JRY OCCUR?	
`	(APPROX)	Work At Wark	□   ,	7.00	4
	22. I certify that (I) (this hospital) attend		Jan 1	9 6 3 to	ray \$ 19.62
	and haur and from the causes stated above			ıt :n(my) (aur) apinia	n death occurred an the date
	23A. SIGNATURE	6. (i) (we) (did) (did ildi) (		23	B, DATE SIGNED
	was Illies	M.D. Atte	ending Med.	Stoff Phy s.	5-4-67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	il and	2-11 28-1
2.	A. BURIAL CREMATION, 24B. DATE 24	M.D.	104) trga	SATION (C)	Dalpin Rx/
	REMOVAL (Specify)	C. NAME of CEMETERY of CR	260, 10	CATION (City,	lown, or county) (State)
25	Burial 5/7/67 A. DATE REC'D BY HEALTH DEPT. 25B. NA	Baltimore Hebre	U 25C. FUNERAL DIRECTOR	altimore, Mar	yland ADDRESS
	MAY 9 1967 R.P	5 E FalleyMA			6010 Reist., Rd.
VS	150-REV. 1/1/65	0/00	0 4 5 11 13		

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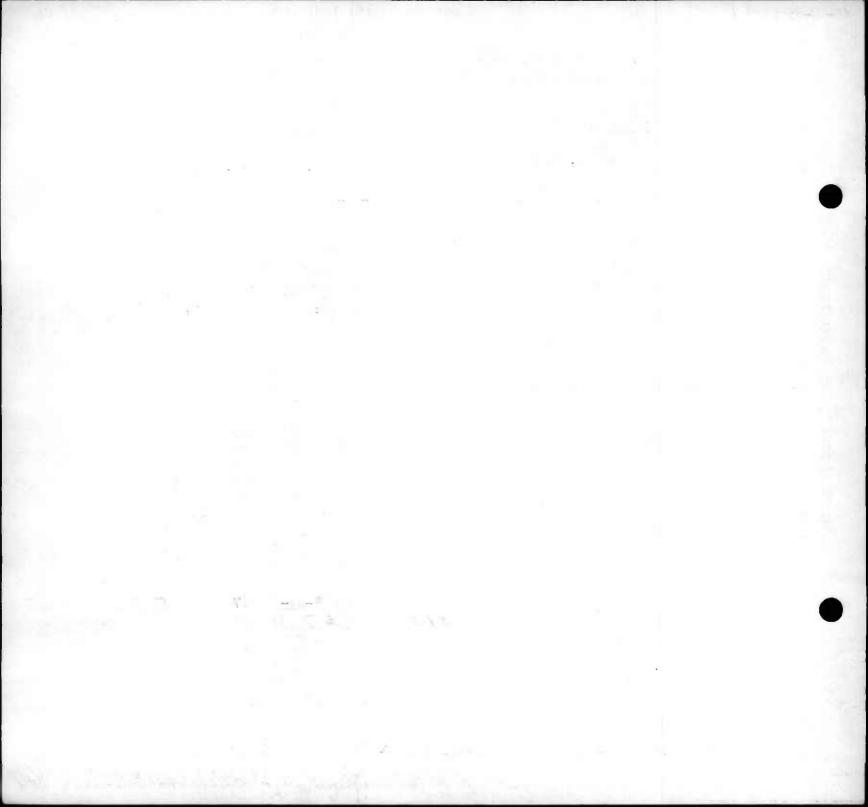
BALTIMORE	CITY	HEALTH	DEPARTA	AENT

4547

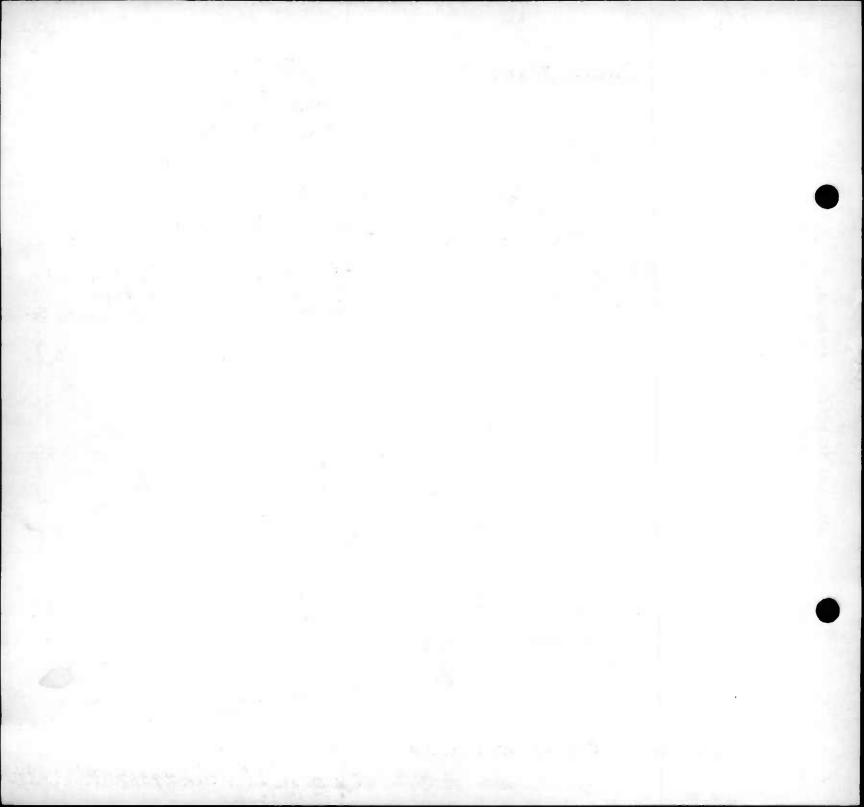
CERTIFICATE OF DEATH

4547

	CASE NO.							
	De or Print)	John HE	NRY LUC	ASLucas	2, DA	5/5/6		35 Am.
3. 1	PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	V	4. USUAL RESIDENC	E (Where deceased live	d. If institution; residence t	
	FULL NAME	OF (If not in hospital address or tocation	or institution,	give street	Maryland	14.4		
		Baltimore Cit		tals	Baltimor		write BURAL and give tow	nship)
	21	4940 Eastern	Avenue		D. STREET ADDRESS	(If rural, give lacation	an)	-
	01	Baltimore, Ma	ryland	#21224	935 N. W	olfe St. #2	1205	,
5. 5	EX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Yr.	If Under 24 Hrs.
-	Male	Negro	Divo		6-22-32	last birthday)	Months Doys H	laurs Min.
		CUPATION (Give kind of work f working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUN	ITRY?
	./		Pu	Hic	Maryland		USA	
13.	FATHER'S NA	epair		7770	14. MOTHER'S MAID	EN NAME		
		Cecil			Sarah	Thompson		
		d Ever in U. S. Armed Fare (n) (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT BC		ern Avenue	
	NO			2/3-28-0287	RECORDS:	Baltimore	, Maryland #2	1224
	1B. 5	8/1/1		CAUSE O	F DEATH	·		L BETWEEN
	DISEA	ASE OR CONDITION DIR	ECTLY		11 1 4	1.1		
	(This does	nat mean the made of	dvina ea	(A)	reputic	failure	nal Circhosis	
	heart failure	, asthenia, etc. It means	the disease,	501 10		Mutrition	ral Circhosis	
	infury ar ca	mplication which caused	deain.)	(B) G	-, I. B/e	ed		
		ANTECEDENT CAUSES		DUE TO		, ,		• • • • • • • • • • • • • • • • • • • •
		OR CONDITIONS, if the above cause (A)		is ch	ron is a	(echolis	ha	
		IG CONDITION last.	stating the	(6)				
		11						
ATION	TO THE	HIFICANT CONDITIONS C DEATH BUT NOT RELA E CONDITION CAUSING I	TED TO TH	Seiz	ure di	sorder		
ERTIFIC	19A. DATE O	F OPERATION 198. CON WAS PERI		WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDER OF DEATH?	ERED
AL CE	OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF		PLACE OF INJURY (e.g., in e, form, foctory, street, of	or about 21 C. WHERE	DID (If in B	altimore City, give exact la	ication)
U								
MEDI	OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		ID INJURY OCCUR?		
	(APPROX)		Wo	At Work			, /	
	22. I certif	y that (t) (this haspital	) attended t	ne deceased from	273-27	- 19675 to	5/5/	19.6.7.
	that (I) (we	) last saw the decease	d alive an	5/5	19 6 7	and that in (my) (au	r) apinian death accur	red an the date
	and haur ar	nd fram the causes stat	ed abave. (4	) (We) (did) (did not) v	iew the bady after a	death.		
	23A. SIGNAT	URE	1				238. DATE SIGNED	)
	Carl	W teis	tem	M.D. Atte	ending Med.	Stoff Phy s	3/5/	67
	23C. PHYSICI	AN'S			23D. ADDRESS BA /1	Lingue Cit	y Hosp.	
		CARL WINTERSTE	IN	M.D.	BCH 7,949	Eastern Ave	hue #212212 / 2	24
244	BURIAL CR		24C. N	ME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, tawn, ar county)	(State)
135	Burial	5-8-6	7 And	LEUS MEMO		Probutus	s, rod,	DECC
	arrite Nate I	MAY 9 1967	12.0 A	E. Falley MA	Pa 10	0.0 % m. 1	24318.00i	0.
VS	150-REV. 1/1	/65	A CONTRACTOR		1 Variante	10 your cource	34316 WKL	ver st
					Y WEST CO	( )		



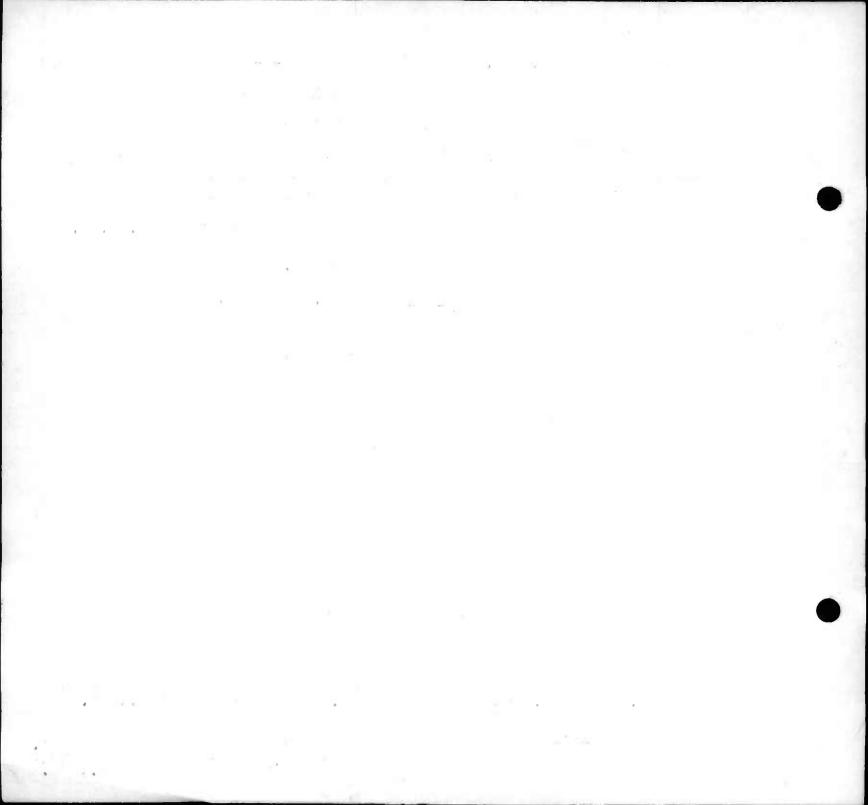
	67 4548	BALTIMORE CITY	HEALTH DEPARTMENT		CIN	AC AC	
	MIRTH NO.  M.E. CASE NO.  DWENS C. Henry CERTIFICATE OF DEATH  Registered No. 6/ 4548						
	I. NAME OF DECEASED	h	2. DATE AND	HOUR OF DEATH		0450	
	3. PLACE OF DEATH IN BALTIMOR MARYLAND	yc.	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence	7.45 12 M. before admission)	
	SULL MANAGE OF THE STATE OF THE		A. STATE B. COUNT	Y			
	FULL NAME OF (If not in hospital or institut MOSPITAL OR INSTITUTION . }		C. CITY OR TOWN (If outside city limits, write RURAL and give Township)				
	Brovident H	D. STREET ADDRESS (II 10	e 16	/3			
	Balló, Md.	1640 Smallwood St.					
	MIDO WIDO	NED, NEVER MARRIED DWED, DIVORCED (specify)	April 30,1909	st birthdoy) 58	If Under 1 Yr. Manths Days	If Under 24 Hrs. Haurs Min.	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working lite, even it retired)  Climen + Linisias	11. BIRTHPLACE (State of lorging BUENZ VIS	ta Ga,	12. CITIZEN OF WHAT COUL			
	13. FATHERS NAME	Public	14. MOTHER'S MAIDEN NAM	E	V-3-	<u>/+</u>	
	VEOWENS	Malli Mollie Barrington					
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of servi	17. INFORMANT WILL'S MALE OWERS MADDRESS					
	No -	SECURITY NO.	to the ne.	Edmond	SWAIN	vod St	
	DISEASE OR CONDITION DIRECTLY	CAUSE O	FDEATH			L BETWEEN	
	LEADING TO DEATH (A) CASCLAC ASSEST					5/67	
	(This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
	Injury or camplication which caused death,)  ANTECEDENT CAUSES  (B)						
	DISEASES OR CONDITIONS, if any, giving						
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	**************************************					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	IDINGS CONSID	ERED		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimare C	City, give exact l	ocolion)	
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	(APPROX)	While At Not While At Work	<b>□</b>		Par		
	22. I certify that (1) (this hospital) attended the deceased from 9.30 P.M. 5/5 1967 to 9.45 m. 5/5 1967,						
	that (1) (we) last saw the deceased alive an						
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE						
	Ata. Grand M.D. Attending Med. Stoff Phys. Stoff Phys. S. 5/5/67						
	23C. PHYSICIAN'S AMIMI M.D. 23D. ADDRESS PROVIDENT HOSTATED						
	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY or CRE	MATORY 24D. LO	sallo, Md.	town, or county)	(State)	
	Buy 2/ 5-9-69 / 25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	Profutus New	DONIALPK An	futus, 1	nd.	RESS	
	MENY 0 1987 12 0.0	6 E. Farley MA	Roudel a. a.	Collect 94	431E101	wer St.	
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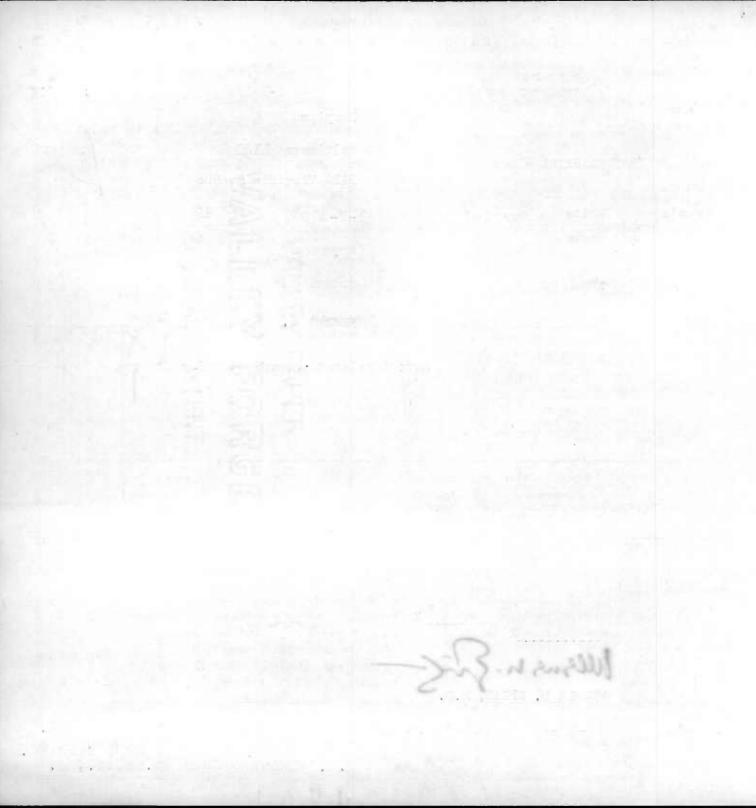
Sur, Was I reda Wa ... Maryland General Hespital Baltimore 1235 Walters Ave 401 E Widowed 12 25-82 8 New York USA woll . Louise Markon Wm Koester 214-54-4947 Was C. Callins 1235 Walter The 5 U.S Severe perchandes - 21 - 25 - 25 Reportion of basel : Your har services and her self to OUR Richarding 1/3 29 2/3 0/3 Book W. M. Come Maryland Sunnal Hooping 1 3955



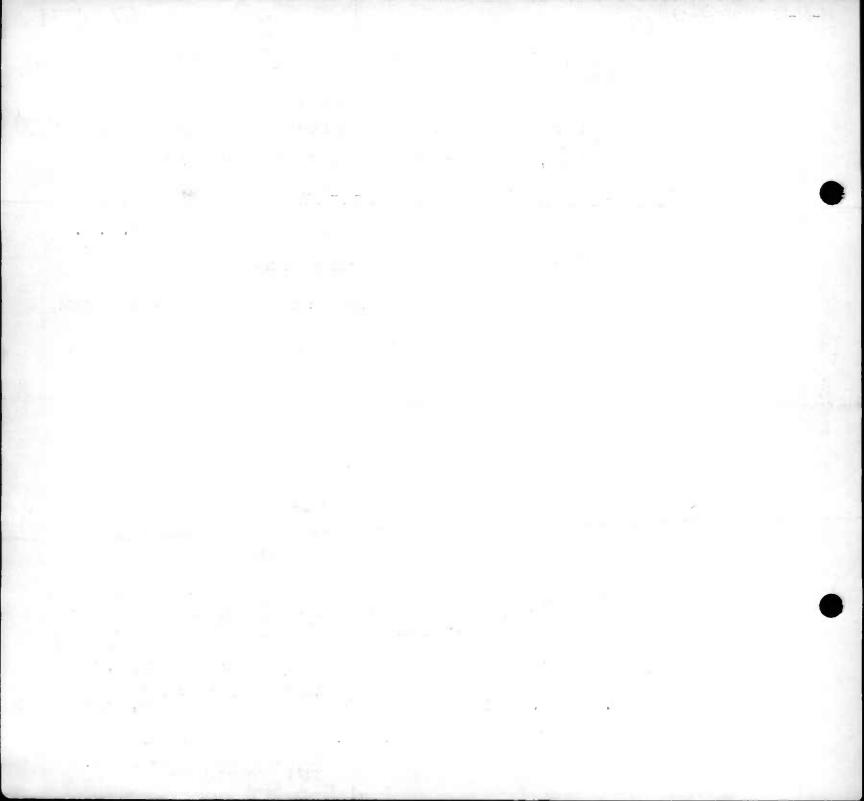


67	4552	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered N
KIH 'NOL	XUUL	MILDICAL	LVWMIII AFV 2	CLKIIICAIL		DLA III Registeres it

ULL NAME OF OUT IN HOSPITAL - DOA  SINAI HOSPITAL - DOA  Manai How do be located by the burney in the burn	A.E. CASE NO.								
RACE IN BALTIMORE, MARKEDANK EVEL TYPE CASON  FRACE IN BALTIMORE, MARKEDANK MERE PROPRIED TO THE STREET  ADDRESS OR LOCATION  SINAI HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION  SINAI HOSPITAL - DOA  MATTINIA WILLIAM - SINAI HOSPITAL BETWAND THE MARKED HOSPITAL BETWAND THE MARKE	NAME OF DEC	EASED Marge	aret			2. DATE AND	HOUR PRONOUNCE	DEAD	
DUI NAME OF ADDRESS OR LOCATION.  SINAI HOSPITAL - DOA  SEX  SINAI HOSPITAL - DOA  SEX  D. RACE  White  WOODES, NEVER MARRIED  SEX  D. RACE  WHITE  WOODES, NEVER MARRIED  Married  SAL JAVirginia Avenue  SEX  D. STREET ADDRESS III rord, give location  3134 Virginia Avenue  SEX  D. STREET ADDRESS III rord, give location  3134 Virginia Avenue  SEX  D. STREET ADDRESS III rord, give location  SIA Virginia Avenue  SEX  D. STREET ADDRESS III rord, give location  3134 Virginia Avenue  SEX  D. STREET ADDRESS III rord, give location  327-1902  SEX  D. STREET ADDRESS III rord, give location  337-1902  SEX  D. STREET ADDRESS III rord, give location  SEX  D. STREET ADDRESS III rord, give location  327-1902  SEX  D. STREET ADDRESS III rord, give location  327-1902  SEX  D. STREET ADDRESS III rord, give location  327-1902  SEX  D. STREET ADDRESS III rord, give location  327-1902  SEX D. STREET ADDRESS III rord, give location  Married  D. STREET ADDRESS III rord, give location  327-1902  SEX D. STREET ADDRESS III rord, give location  SEX  D. STREET ADDRESS III rord, give location  SEX  D. STREET ADDRESS III rord, give location  Months: Doys I rord  Married  D. STREET ADDRESS III rord, give location  Months: Doys I rord  Married  D. STREET ADDRESS III rord, give location  Married  D. STREET ADDRESS III rord, give		RARE	ARA EV					4:10 PM M.	
ULL MAJE OF  IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OF UCAGION  SINAI HOSPITAL - DOA  Months Doys Hours IN Hode of Well Hours IN Hode 12 to 1 Hode 12	PLACE IN BALTI	MORE, MARYLAND, V	VHERE PRONOU	INCED DEAD	4. USUAL RESI A. STATE Mary 1	DENCE (Where do	eceosed lived. If insti B. COU	tution: residence before odmission NTY	
SINAI HOSPITAL - DOA    Distret Address of it muol, give location   3134 Virginia Avenue   1000 Michights, year of delivery   1000 Michights	HOSPITAL OR ADDRESS OR LOCATION)								
SEX   S. RACE   T. MARRIED, NEVER MARRIED   S. DATE OF BRITH   S. DATE OF BRITH   SOUTH   Sex DATE OF BRITH   SEX DATE OF BRIT				Baltimore 21215 27-16					
SEX   6. RACE   White   Whove   MARRIED   S. DATE OF BRITH   S. DATE O				D. STREET AD					
Female White Widowsb, DivorceDispecify) August Occupation (Give kind of weak) 108. RIND of Business or Industry 11. Birtiff-Ace (Sole or foreign country) Housewife Housewife Housewife Housewife Housewife James DeBaufre Lenora Rose Lunora Rose Lun	99				3134	Virginia	Avenue		
Female White Married 3-7-1902 65  AUGUAL OCCUPATION (Give kind of weath 108. RND OF BUSINESS OR INDUSTRY)  Maryland USA  Lenora Rose  L	SEX	6. RACE			lost birthdoy) Months			If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.	
HOUSEWIFE    FAITHER'S NAME	Female	White							
HOUSEWIFE  James DeBaufre  James DeBaufre  James DeBaufre  James DeBaufre  Lenora Rose  James Distast Or Condition Directly  Leading To Death  (A) Arteriosclerotic cardiovascular disease  Distast Or Condition Directly  Leading To Death  (A) Arteriosclerotic cardiovascular disease  Distast Or Condition Last.  (A) Arteriosclerotic cardiovascular disease  DUE TO  DUE TO  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION LAST.  (C)  DISTAST OR CONDITION LAST.  (C)  DISTAST OR CONDITION LAST.  (C)  DUE TO  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION S. IF ANN. GIVING  DISTANT OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  ANTECEDENT CAUSES  DISTAST OR CONDITION FOR WHICH OPERATION  ANTECEDENT CAUSES  DISTAST OR CONDITION CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTAST OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTANCE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTANCE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTANCE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE  DISTANCE OR CONDITION CONTRIBUTING  DISTANCE OR CONDITION FOR WHICH OPERATION  WAS PERFORMED  AND THE CENTRAL CAUSE WAS  DISTANCE OR CONTRIBUTION TO THE  DISTANCE OR CONDITION TO THE  DISTANCE OR CONTRIBUTION TO THE  DISTANCE OR CONDITION TO THE  DIST				BUSINESS OR INDUST	RY 11. BIRTHPLACE	(Stote or foreign	country)	12. CITIZEN OF	
JAMES DeButte  S. WAS DECEASED EVER IN U.S. ARMED FORCES? as, no or unknown, Iff yes, give wor or doles of service)  NO  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic cardiovascular disease  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION CAUSING IT.  179. DATE OF OFERATION  ANTECEDENT CAUSES  DISEASE OR CONDITION LAST.  (C)  COLLEGE STEENAL CAUSE WAS  DISEASE OR CONDITION CAUSING IT.  179. DATE OF OFERATION  WAS FEFFORMED  WAS FEFFORMED  VAN FEEFFORMED  VAN F			Own H	lome	Maryla	and		USA	
NO  SAME DECEASE EVER IN U.S. AMMED FORCES?  NO  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., head follow, estheria, etc., if meens the disease, injury or complication which costed death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE DISEASES OR CONDITION AST TARNO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  I) AND ATE OF OFFERATION PROCESS.  OTHER DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CONTRIBUTING CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CONTRIBUTION CONTR					14. MOTHER'S	MAIDEN NAME			
NO  SAME DECEASE EVER IN U.S. AMMED FORCES?  NO  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., head follow, estheria, etc., if meens the disease, injury or complication which costed death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE DISEASES OR CONDITION AST TARNO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  I) AND ATE OF OFFERATION PROCESS.  OTHER DISEASE OR CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CONTRIBUTING CONDITION CAUSING IT.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CONTRIBUTION CONTR	Jame	s DeBaufr	е		Lenors	Rose			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Arteriosclerotic cardiovascular disease before the disease, injury or complication which coused death.)  ANTECEDENT - CAUSE OF DEATH  (B) DISEASE OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AS STATING THE UNDERLYING CONDITION LAST.  (C).  (B) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AS STATING THE UNDERLYING CONDITION CAUSING IT.  (C).  (B) DISEASE OR CONDITION LAST.  (C).  (C).  (C).  (C).  (C).  (D) DISEASE OR CONDITION CAUSING IT.  (C).  (D) DISEASE OR CONDITION CAUSING IT.  (D) DISEASE OR CONDITION CAUSING IT.  (E) DISEASE OR CONDITION CAUSING IT.  (D) DISEASE OR CONDITION CAUSING IT.  (E) DISEASE OR CONDITION CAUSING IT.  (C).  (D) DISEASE OR CONDITION CAUSING IT.  (E) DISEASE OR CONDITION CAUSING IT.  (E) DISEASE OR CONDITION CAUSING IT.  (E) DISEASE OR CONDITION CAUSING IT.  (C).  (D) DISEASE OR CONDITION CAUSING IT.  (D) DISEASE OR CONDITION CAUSING	WAS DECEASED	EVER IN U.S. ARME	D FORCES?					ADDRESS	
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mose he mode of dying e.g., he he mode of dying e.g., he had ficilitie, esthemic, etc. If means the disease, injury or complication which coused deeth.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ADOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  204. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  205. EXTERNAL CAUSE WAS UNDERLYING OF CAUSE (A) STATING THE COLOR, in or obout 21C, WHERE DID (If in Boltimore City, give exoct location) of injury (A) in the color, sheet, office bidg, Injury OCCUR?  210. I Certify that I held an Inquiry Inspection AT WORK  221. I certify that I held an Inquiry Inspection AT WORK  ACTUAL SIGNATURE  SIGNATURE WERNER U. SPITZ, M.D.  3.4. BURIAL CREMATION, 238, DATE 23C, NAME of CEMETERY or CREMATORY 23D, LOCATION (City, Iown, or country) (Stot MEMOVAL (Specify))  Burial  5-12-67  Baltimore National Baltimore  Md				CAUS		I II. Uas	5011~	INTERVAL BETWEEN	
21a, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e.g., in or obout 21c. WHERE DID (If in Boltimore City, give exoct locotion) home, form, foctory, sheet, office bidg., INJURY OCCUR?  21c. Injury occur?  22c. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner  22c. Injury occur?  22c. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner  22c. Actual SIGNATURE EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  3a. BURIAL CREMATION, 23B. DATE EMOVAL (Specify)  Burial  21c. NAME of CEMETERY or CREMATORY  23d. Location (City, lown, or county)  (Stot)  Burial  Actual Baltimore Md	DISEASES OR THE UNDERLYIN	OR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LAST.  II IIIIICANT CONDITION RECONDITION RECONDITION CAUSIN	ANY, GIVING STATING THE  S CONTRIBUTING ELATED TO T IG IT.	(C)		NA (V. NA)		ADING S CONGRESS D	
DUNDERLYING CAUSE OF DEATH.    DOT INJURY OCCUR?   Control   Contr		WAS PE	RFORMED		No		N CERTIFYING CAUS	SES OF DEATH?	
Continue	UNDERLYING	UNDERLYING ☐ OR CONTRIB-   home, form, foctory, street, othice bidg., INJURY OCCUR?							
Certify that I held an Inquiry   Inspection   X Autapsy   and that an this basis, death in my apinion resulted fram: Natural causes   X Accident   Suicide   Hamloide   Undetermined manner   CHIEF MEDICAL EXAMINER   DATE SIGNE	OF INJURY	OF INJURY							
Certify that I held an Inquiry   Inspection   X Autapsy   and that an this basis, death in my apinian resulted fram: Natural causes   X Accident   Suicide   Hamicide   Undetermined manner   CHIEF MEDICAL EXAMINER   DATE SIGNE		m. WORK AT WORK							
CHIEF MEDICAL EXAMINER DATE SIGNE  SIGNATURE EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  3A, BURIAL CREMATION, 23B, DATE EMOVAL (Specify)  Burial 5-12-67 Baltimore National Baltimore Md	I cert	I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinian							
ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-9-67  SA. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote EMOVAL (Specify) Burial 5-12-67 Baltimore National Baltimore Md	result	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner							
SIGNATURE  EXAMINER'S  NAME (Type) WERNER U. SPITZ, M.D.  ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  5-9-67  SA. BURIAL CREMATION, 23B. DATE  EMOVAL (Specify)  Burial  5-12-67  Baltimore National  Baltimore  Md		DATE SIGNED							
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY EMOVAL (Specify)  Burial 5-12-67 Baltimore National Baltimore Md		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LA							
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote Burial 5-12-67 Baltimore National Baltimore Md	EXAMIN	ER'S		Y	ASSOCIATE	MEDICAL EX	AMINER	5-9-67	
EMOVAL (Specify) Burial 5-12-67 Baltimore National Baltimore Md			U. SPITZ	, M.D.	GDELL LEGOV	220 10	CATION (City	Actual (State)	
Dut Lui		)							
44. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR			-67	Baltimore 1			ltimore	Md.	
	4A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNI	RAL DIRECTOR		4905 York Ro	
MAY 9 1967 A. D. & E. Faller H.W. Jenkins & Sons Co. Balto., Md.	N	IAY 9 1967	1.0.0	E. Faller	H.W.	Jenkins	& Sons C		
/S 151-REV. 1/1/65	'S 151-REV. 1/1/6	65	10	6700	0 4	F79 / R			



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	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 4555
	BIRTH NO. 67 4555 CERTIFICA	TE OF DEATH Registered No.	67 4555
	M.E. CASE NO.  1, NAME OF DECEASED '	2, DATE AND HOUR OF DEATH	
	(Type or Print) ACHT STANLEY ORLOK	5-6-67	5:00 P M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE  B. COUNTY	stitution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write I	
		BALTIMORE	26.0
-	THE JOHNS HOPKINS HOSPITAL	3716 ELMORA AVE.	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	MALE WHATE MARRED	1-4-94 (lost birthdoy)	Monins Doys Hours Ivini.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		12, CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) retired-tailor Haas Tailoring Co	Poland	U.S.A.
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
1	JOHN Orlik	MARIE Vrana	
	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT	ADDRESS
	(Yes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO. 213-10-1922	Marie Juszak Orlik, w	ifo shows
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	/	ONSET AND DEATH
ş	LEADING TO DEATH	JEESTS RENAL SHUTDI	DWV
	(This does not mean the made of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease,		
	injuly at camplication which coused death.)  ANTECEDENT CAUSES (B)	SEPSIS	
	DUE TO		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	?	
	UNDERLYING CONDITION Iosi.		
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
		No.	
	OR CONTRIBUTING CAUSE OF home form foctory street	in or about 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	e City, give exact location)
	DEATH (notify medical examiner)		
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY  While At Not Whi	21F. HOW DID INJURY OCCUR?	
	(APPROX.) Work At Work		6 6
	22. I certify that (I) (this hospital) attended the deceased from	9/1/ 196/ 10	5/6 191
	that (1) (we) lost saw the deceased alive an	6 19 6 7 and that in (my) (aur) opi	nion death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter death.	
	23A. SIGNATURE	ttending Med. Stoff	23 B. DATE NIGNED
	Kalph angly Ph	ys. Director Phys.	5/6/6/
	23C-PHYSICIANS NAME (Type) RALPH RAMPTON	THE JOHNS HOPKINS HO	SPITAL
	141.0		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		ty, town, or county) (Stole)
П	Burial   5/10/67  Holy Redeemen	r Cemetery Raltimore	Md

Schimunek Funeral Home,
3331 Brehms Lane 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ADDRESS Inc. V\$ 150-REV. 1/1/65

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VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

24A. DATE REC'U BY HEALTH DEPT.

24C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 262xx. 3331 Brehms Lane

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Link Lawred Levent To Lawrence Hall

BALTIMORE CITY HEALTH DEPARTMENT H DEPARTMENT

M.E. CASE NO.				To pare and upon pronounce	ED DEAD
1. NAME OF DECEASED	en S.	ZOT TNOCI	7.T	2. DATE AND HOUR PRONOUNCE	6:45 A
ENOC  3. PLACE IN BALTIMORE, MARYLAND	711	KOLINOSI		May 7, 1967 ENCE (Where deceosed lived. If ins	M
S. FEACE III BALLIMORG MARIEMED	, WHERE TRONGON	CLD DLAD	A. STATE	yland B. co	TNU
FULL NAME OF (IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITUTI	ON, GIVE STREET		WN (If outside corporate limits, writ	le RURAL and give township)
NSTITUTION			Bal	timore	6-02
3 Johns Hopkins Hos	spital			RESS (If rurol, give location)	
	F		241	6 E. Baltimore Str	reet
5. SEX 6. RACE	7. MARRIED, N	EVER MARRIED /ORCED(specify)	B. DATE OF BIRT	H 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months, Doys, Hours, Min.
Male White	single		6/4/19		
IOA. USUAL OCCUPATION (Give kind of	work TOB. KIND OF B				12. CITIZEN OF WHAT COUNTRY?
done during most of working lite, even if retire Shipping Clerk		ubber Co	Pen	na.	
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME	
Stanley K	alinoski			onica Domeleski	
15, WAS DECEASED EVER IN U.S. ARA (Yes, no or unknown), (If yes, give wor or		SECURITY NO.	17. INFORMANT	315 Kenyon Ave.	ADDRESS
	1	-05-3779A	Helen	B. Majors, sist	er.
18. F X / ) 24.	*	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH
LEADING TO DE	ATH	(A) Multi	ple Trauma	atic Injuries.	
(This does not meon the mode heart failure, asthenia, etc. It me	eons the diseose,	DUE TO	***************************************		
injury or complication which cous	sed deoth.)				
ANTECEDENT CAL	U S E S	(8)			
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A		DUE TO			
UNDERLYING CONDITION LA		(C)			
<u>0</u>		(0/			
OTHER SIGNIFICANT CONDITION					
DISEASE OR CONDITION CAUS					
19A, DATE OF OPERATION 19B, 0	CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE F	
O O	PERFORMED		Yes	IN CERTIFYING CAL	Yes
Q 21 A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218, PL	ACE OF INJURY (e.g., form, foctory, street,	in or about 21C.	WHERE DID (If in Boltimore City, g	give exact location)
O UNDERLYING OF CONTRIB-	etc.)	Street		yette and Montford	Streets
21D TIME (Month) (Doy)	(Yeor) (Hour) 21E	. INJURY OCCURRED		OW DID INJURY OCCUR?	
(APPROX.) 5	'67 P m. W.	ILE AT NOT	WHILE X Pec	destrian struck by	auto.
22.					
I certify that I held on	Inquiry	InspectionAu	topsy X an	d that on this bosis, death In	my opinion
resulted from: Notural	causes Ac	cident X Suicio	de Homic	ide Undetermined monr	ier
1071111		1/_		EDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	haile!	Tell M.D	ASSISTANT M	EDICAL EXAMINER X	
EVALUATEDIS.	rles S. Pet	ty	ASSOCIATE N	MEDICAL EXAMINER	5/7/67
23A, BURIAL CREMATION, 23B. DAT	23C.	NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or county) (Stote)
Burial 5/9	/67 H	oly Redeen	mer Cem	Baltimore,	Md.
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OI		24C. FUNER	AL DIRECTOR	ADDRESS
MAY 1 0 100		. 90	Schi	munek Funeral H	ome, inc.

MAY 10 1967 1 0 6 2 Fellows 3331 Brehms Lane
1/1/65 N 869 9 6 7 0 0 0 4 5 6 6

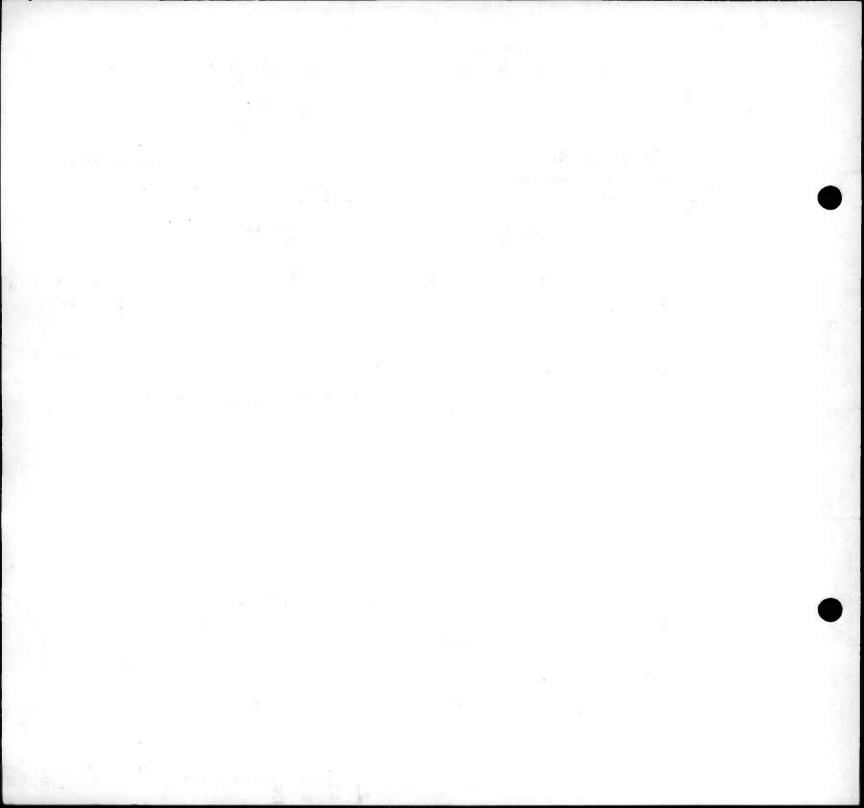
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TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY

	NRTH NO. 67 4558	BALTIMORE CITY HEALTH DEPARTMENT	8 67	4558
	DIKITI ING.	CERTIFICATE OF DEATH	Repistered Na.	1000
	M.E. CASE NO.	2. DATE A	NO HOUR OF DEATH	50
	(Type or Print) RTa H. Ove	053	5 17/6/	6 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COU	ere deceased lived. If Institution; residence	e before admission)
	FULL NAME OF (If not in haspital ar institution, give	street ,	- /	1,9,6
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OF TOWN (IF .	utside city limits, write RURAL and give	tawnship)
	1481 11 All	D. STREET ADDRESS A (I	Julie Y	32-00
	Mary and Levelal to	DOLLOS STREET ADDRESS (1)	rural, give locotion)	
made	5. SEX _  6. RACE ,  7. MARRIED, NE	VER MARRIED B. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr.	. If Under 24 Hrs.
E	WIDOWED, DI	VOICED (specify) B. DATE OF BIRTH	last birthday Days	Haurs Min.
2	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY 11, BIRTHPLACE State or for	eign covintry) 12, CITIZEN O	F
0	done during most of working fle, even if retired)	Maybot Mouse	WHAT CO	
SIT	13. FATHERS NAME	14. MOTHER'S MAIDEN NA	y jung a	0//
0	Wind B Ward	10	10 Hada	
disposition	15, Was Deceased Ever in U. S. Armed Farces?	SOCIAL 17. INFORMANT	1 A GOOL ADDI	ecc
	(Yes, no or unknawn) (If yes, give wor ar dates of service)	SECURITY NO.	to 0 Ml	,633
tina		2.45692 1/07	191 charl	
0	18. 204,31	CAUSE OF DEATH		AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	( davite Leux	em 1a 7	,
<u>E</u>	(This does not mean the made of dying, e.g.,	DUE TO		
PQ	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)			
embalmed	ANTECEDENT CAUSES	(B)		
910	DISEASES OR CONDITIONS, if any, giving	561.0		
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		
remains	11			
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Ta .	
1	DISEASE OR CONDITION CAUSING IT.			
before the	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION 20A. AUTOPSY? (Yes or N	(a) 208, IF YES, WERE FINDINGS CONS	
P.C	U 21A. ACCIDENT WAS UNDERLYING 218 PLA	CE OF INJURY (e.g., in or about 21 C. WHERE DID	(If in Boltimore City, give exoc	L location)
9	OR CONTRIBUTING CAUSE OF home, to DEATH (notify medical examiner)	orm, foctory, street, office bldg., INJURY OCCUR?	,,,	
	<u>U</u>	URY OCCURRED 21F. HOW DID IN	HIRY OCCUP?	
btained	OF INJURY  (APPROX.)  (Manth) (Day) (Year) (Hour) 21E, INJ		/	,
<del>a</del>	Work	At Wark	18	2 (0)
qo	22.   certify that (N (this hospital) attended the d	12 /2/	1900 0	1900
pe	that (N(we) last saw the deceased alive on		hat in (my) (our) apinian death acc	urred on the date
	and haur and from the causes stated abave. (1)	(did) (did not) view the bady after death.		
must	234.30	M.D. Attending Med.	Stoff 238. DATE SIGN	"9/7
0	an mensung	Phys. Director	Phys. S	14/
approval	23C. PRISICIAN'S NAME (Type)	23D. ADDRESS		
рр	UK. WANIEL LIND	ENSTROTIT		
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME	of CEMETERY OF CREMATORY 24D.	LOCATION (City, town, or coun	(Stote)
T e	Burial 5/11/67 Holy	Redeemer Cemetery Ba	altimore, Md.	
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	egistrar 255 Funeral Directo	Funeral Home, Inc	DRESS
\$	MAY 1 0 1967 12 0 6-9	3601 E.	Madison St.	
	VS 150-REV. 1/1/65	( 0 2 0 4 5 6 7	p.	

The Market St. 30/11/10 

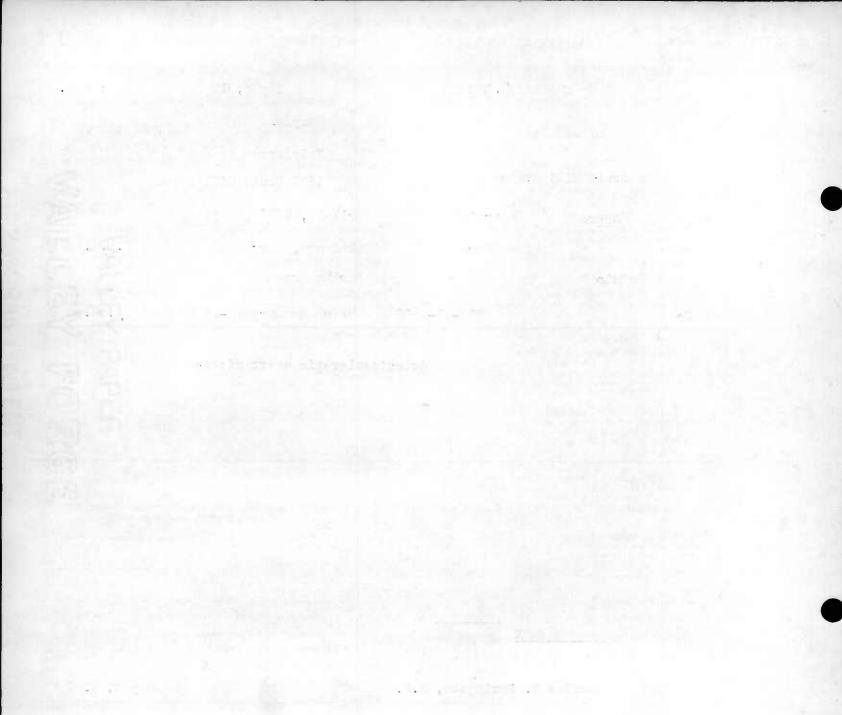
CM AFE	BALTIMORE CITY HEALTH DEPARTMENT	NT CM ALCE				
BIRTH NO. 67. 4553	CERTIFICATE OF DEAT	TH Registered No. 0/ 4000				
M.E. CASE NO.  1. NAME OF DECEASED  - Norma	n /2. DA	TE AND HOUR OF DEATH				
(Type or Print) Molling N.	Somand/	MAY 77 1967 12:00 PM				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If institution: residence before admission)				
FULL NAME OF (If not in hospital or institution, g		maredand				
HOSPITAL OR oddross or locotion)	C. CITY OR TOWN	(If outside city limits, write RURAL and give township)				
		Baltimore 26-02				
4Bon Secours Ho	D. STREET ADDRESS	(If rural, give lacotion)				
Con Oxeowis 110	12	02 Shamrock Ave.				
	NEVER MARRIED 8. DATE OF BIRTH DIVORCED (specify)	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
male while ma	med 10/13/05	- 61				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto	or foreign country)  Md. 12, CITIZEN OF WHAT COUNTRY?				
Supervisor Balt 6	Tas & Elect Co	Baltimore U.S				
13. FATHERS NAME	14. MOTHER'S MAIDE					
Allest W loom	and on	ettre Seay				
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 17. INFORMANT	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotos of sorvice)	5ECURITY NO. 2-05-5358 Margaret	Blankner Leonard, wife, above				
yes W.W. 2 21	CAUSE OF DEATH	INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	A	ONSET AND DEATH				
LEADING TO DEATH	RhounaTin A	least disease 10 years				
(This does not meon the mode of dying, e.g.,	DUE TO	see a colored of the				
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	A 1	in 10 7				
ANTECEDENT CAUSES	(B) ATURI LUCAN	Je levellation				
DISEASES OR CONDITIONS, if any, giving						
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	***************************************				
11						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	i					
DISEASE OR CONDITION CAUSING IT.						
194. DATE OF OPERATION 198. CONDITION FOR W	/HICH OPERATION 20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	PLACE OF INITIBY (a.g. in a) should 10 WHERE	DID Wis Bulines City and Law 1				
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in or about 21 C. WHERE I b, form, factory, street, office bldg., INJURY OCC	DID (If in Boltimore City, give exect location) UR?				
U						
OF INJURY	INJURY OCCURRED 21F. HOW DI	ID INJURY OCCUR?				
(APPROX.)						
22. I certify that (1) (this hospital) attended th	e deceased from 2/57 Apr	I 19 67 10 17 may 19 67.				
that (I) (we) last saw the deceased alive an	may 17 th 19 67 .	and that in(my) ( <u>aur)</u> apinian death accurred an the date				
and haur and fram the causes stated above. (1)	(We) (did) (did nat) view the bady after d	eath.				
23A. SIGNATURE	0	23 B. DATE SIGNED				
m R - John	M.D. Attending Mod. Director	Stoff Phys. 8 5/17/67				
23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS					
SAI ROX #	BYRK M.D. B	on Secours Hospital				
24A. BURIAL CREMATION, 24B. DATE 24C/NA	ME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (5toto)				
Burial 5/11/67 Par	kwood Cemetery	Baltimore, Md.				
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	F REGISTRAR 25C. FUNERAL DIR	ECTOR ADDRESS				
MAY 1 0 1961, Olobert		ek Funeral Home, Inc.				
VS 150-REV. 1/1/65	1 4 4 1 1 5 6	0				



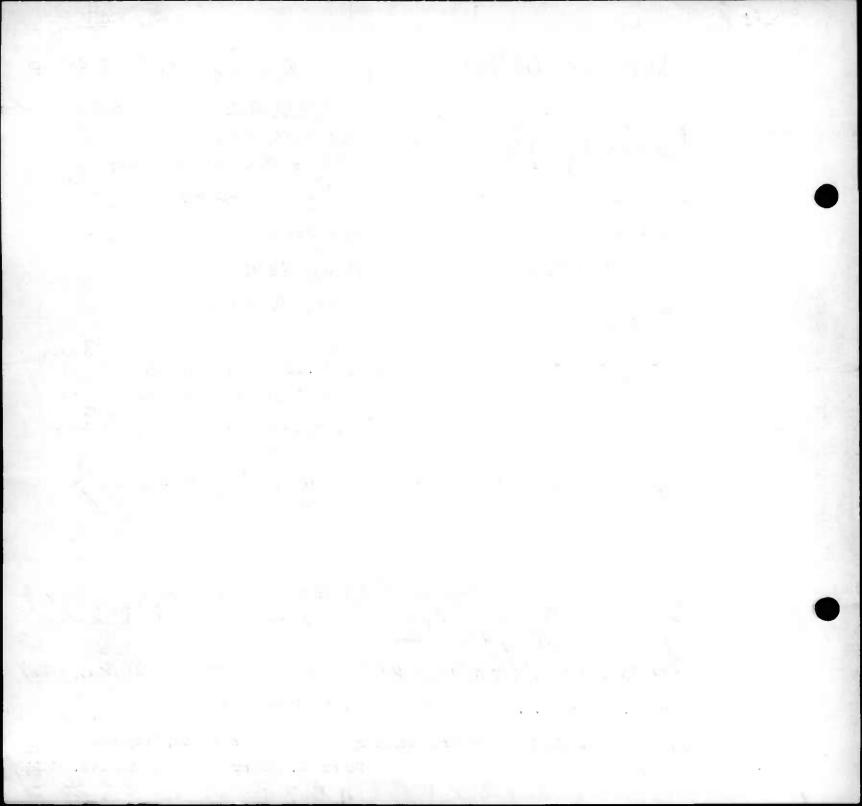
VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EX	CAMINER 5 CI	EKTIFICAT	E OF DI	EAIH Registe	red No. TUQU
M.E. CASE NO.	A CED				LO DATE AND	TIGUE TRONGUING	ED OLAD
1. NAME OF DECEASED  Type or Print)  CHARLES T. LECATO						HOUR PRONOUNCE	8:00 A
. PLACE IN BALTIM	ORE MARYLAND, W			4. USUAL RESID	ENCE (Where de	coosed lived. If insti	itution: residence before odmission)
					aryland	B. COU	NTY
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (If outside o	corporate limits, write	RURAL and give township)
10				D. STREET ADDR	altimore RESS (If rurol, or	ve location)	4
1602	Druid Hill	Avenue				Hill Aver	nue
5. SEX 6.	RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro		pivorced(specify)	April 13	3. 1893	74	TWO THIS DOYS TO THE TOTAL TANKS
DA. USUAL OCCUPA	ATION (Give kind of wor	NOR KIND O	BUSINESS OR INDUSTRY	. A			12. CITIZEN OF
Mover	king life, even if retired)	Furni	ture	Baltimor	re, Mary]	land	WHAT COUNTRY?
3. FATHER'S NAME			- 1	14. MOTHER'S M.			
George L	eCato			Martha	Green		
5. WAS DECEASED	ever IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No	,		217-01-7130	Venus	Armstron	ng - 1409 :	John St., Glen Bur
18.	11.17		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DI	RECTLY					ONSET AND BEATH
L	EADING TO DEATH	1	(A) Arter	ioscleroti	ic heart	disease	750
(This does not	meon the mode of sthenio, etc. It meons	dying, e.g.,	DUE TO			*****************************	
injury or compl	icotion which coused	deoth.)					La
ANI	TECEDENT CAUSE	•					
	CONDITIONS, IF		DUE TO				
RISE TO THE A	ABOVE CAUSE (A) S CONDITION LAST,		552.10				
			(C)		:		
	II						
TO THE DE	EATH BUT NOT RE	LATED TO 1					
19A. DATE OF O	PERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY:		B. IF YES, WERE FIRE CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING OUTING CAUSE		21 B.	PLACE OF INJURY (e.g., i	in or obout 21C. W	VHERE DID (IF	in Boltimore City, gi	ve exoct location)
UTING CAUSE		etc.)	, loni, lociory, succi, o	mee brage, 1143 OK1	OCCOR:		
210 111116 (/	Month) (Doy) (Yea	er) (Hour) 2	TE. INJURY OCCURRED	21F. HC	OW DID INJURY	OCCUR?	
(APPROX.)			WHILE AT NOT W	WHILE ORK			
22. 1 certify	y that I held an I	ngulry	Inspection X Aut	apsy and	that on this	basis, death in m	ny opinian
resulted	d fram: Notural ca	uses X	ccident Suicide	Hamici	de Un	determined monne	er
	01	1 1	1	CHIEF MI	EDICAL EXA	MINER	
ACTUAL SIGNATUR	RE Charl	sJ	Lasat M.D.	ASSISTANT MI			DATE SIGNED
EXAMINEI NAME (Ty		S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EXA	MINER	May 8, 1967
3A. BURIAL CREMA		23	C. NAME of CEMETERY o	CREMATORY	23D. LOC	CATION (City,	town, or county) (Stote)
Burial	5-11-6	57	Mt. Auburn		Rali	timore, Man	mrl and
4A. DATE REC'D BY			OF REGISTRAR	24C FIINED	AL DIRECTOR	ornor e , red	ADDRESS
			2 T. O				
MAY	1 1 0 1967 (	P10.5	E TONE WITH	Unari	es R. La	w 802 Mad:	ison Ave.

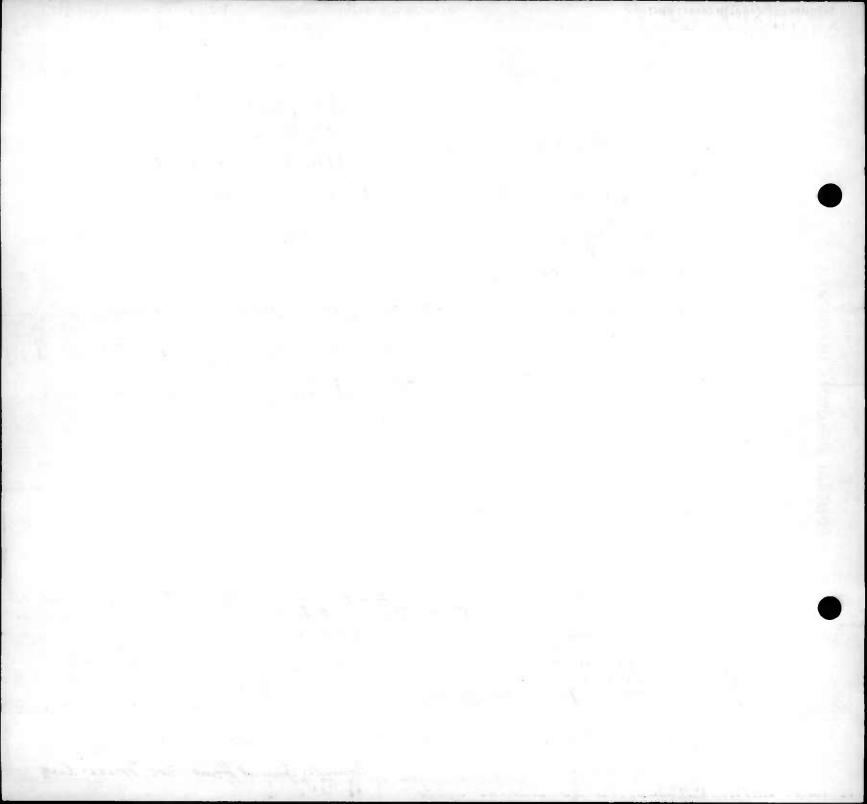
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VS 150-REV. 1/1/65



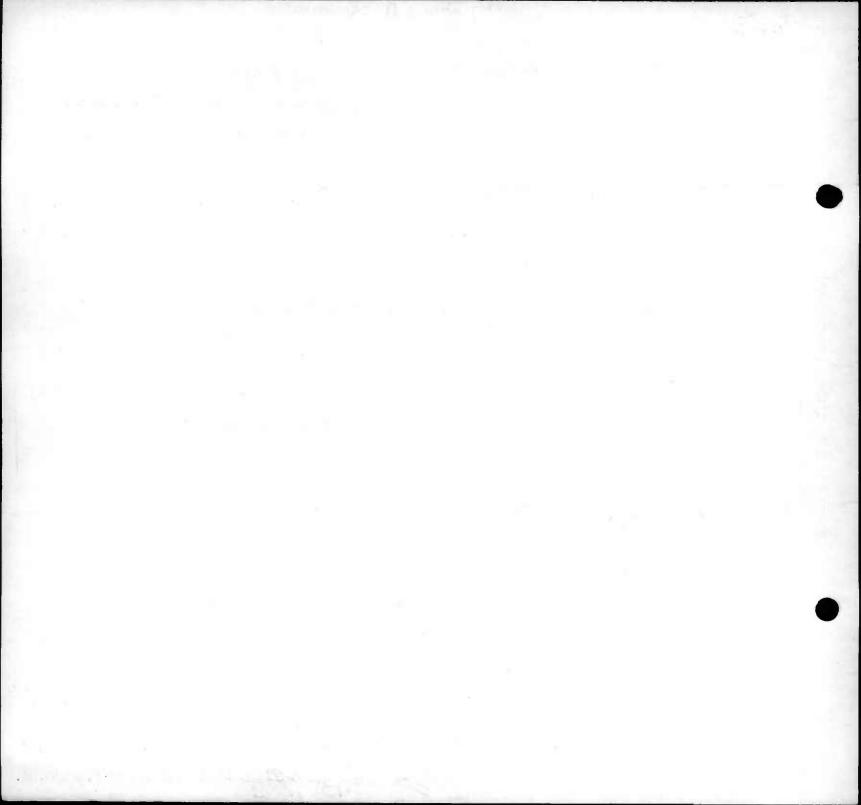
		CP 4500	BALTIMORE CITY	HEALTH DEPARTMENT		67 4562
		1 NO. 67 4562	CERTIFICA	TE OF DEATH	Registered No.	07 4002
	1. N	CASE NO.  AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	(Тур	OONEY DO	MALD	5-	7-67	12-15 A.M.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titution: residence befare admission)
		ULL NAME DF (If not in hospital or institution,	give street	Marylano	d	Balto. Co
	- IN	OSPITAL OR oddress or location)	1	C. CITY OR TOWN (If out	side city limits, write R	
	1	utheran Hospital of	Maryland	D. STREET ADDRESS (III	rurol, give location)	53-00
;		the state of the s	/	9711 Bin	1 River	Rel
	5. SI		, NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
		Male White M	arrico	11-6-28	38 Yes.	
		USUAL OCCUPATION (Give kind of work 10B, KIND O during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) /	12. CITIZEN OF WHAT COUNTRY?
		Const. Eng		Vermon	<del></del>	U.SA
	13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	
		Raymond Rooney		mae 6	Barry	
	15. V (Yes,	vas Deceased Ever in U. S. Armed Farces? no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
		yen 1950-1952	091-24-7891	CAROL ROO,	VEY	ABOVE
5		18. / 63 X 1	CAUSE OI	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6	Loube earlies	tory failure	20 minutes
		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease		reare nestand	gory Janua	i Communication,
		injury or complication which caused death,)	Tour	1 /000	Carringan	8 months
		ANTECEDENT CAUSES	DUE TO	minal cong	Carcinina	8 Marilly
,		DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the		•		
2		UNDERLYING CONDITION 1asi.	A 100 100 11 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2			
3	z	0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
-	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	₹E			
		19A DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	INDINGS CONSIDERED
2	CERT	yan. 67 Carcinor		or obout 21 C. WHERE DID		
	1 - 1	OR CONTRIBUTING CAUSE OF hor DEATH (notify medical examiner)	ne, form, factory, street, af	fice bldg., INJURY OCCUR?	tif in Boltimare	City, give exoct location)
1	20		. INJURY OCCURRED	21F. HOW DID INJ	IBY OCCUP?	
	2	OF INJURY	hile At Not While		oki occok	
		22. I certify that (1) (this haspital) attended to			9 67 to S	= 7 = 10 (7
		that (I) (we) lost saw the deceased alive on	6 - 7	A trough		ion deoth occurred an the date
	1 1	ond haur ond fram the couses stoted obove. (	•		, , , , , , , , , , , , , , , , , , ,	ton doon occurred an the dole
		23A. SIGNATURE		,		23B. DATE SIGNED
		1 mjos a	M.D. Atte	mding Med. Director	Stoff Phys.	5/3/63
		NAME (Type)	Tacli	23D. ADDRESS	shital of	Maryland-
		DI. ANIL 19.	JUSHI M.D.	Lutheran Mi	730 AShl	ruston St. Balhone 2121
3	24A.	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CRE	MATORY 24D, LC	OCATION (City	y, town, or county) (Stote)
	254	BURIAL 5/10/67 SA	CRED HEART		BALTO. 1	n 0.
	23A.	DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	011	ADDRESS
	VS 1	50-REV. MAY 1 0 1967 (1.29.64)	£ , \$20 mg/4	Connelly Junes	al Home - 30	00 mace lug
	, ,			.1		



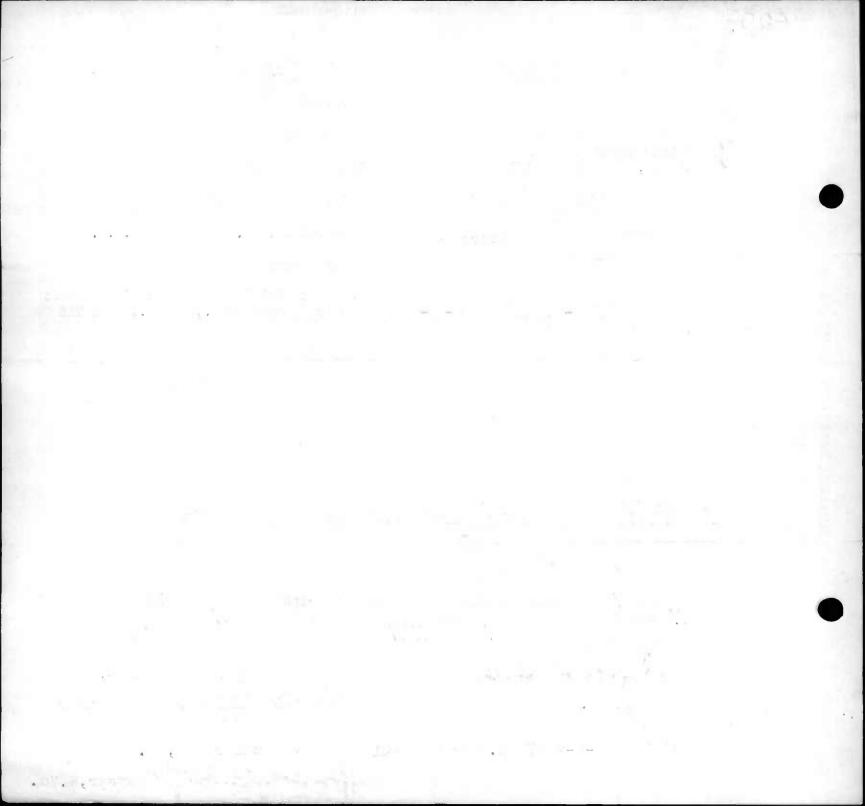
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MAC CALL NO.  TRANSPORT DECEASED  IT NAME OF POINT IN FAITHMORE MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF CALL OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF CALL OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF CALL OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF CALL OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF CALL OF MARKED.  THE PAIR OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF MARKED.  PULL NAME OF DECEASED  IT HAD IN THE PAIR OF MARKED.  THE PAIR O		BALTIMORE CITY HEAL	TH DEPARTMENT
NAME OF DECASED   DATE AND MOUNT OF DATA   No. 20 PM.			OF DEATH Registered No. 67 4563
TRACE OF DATH IN MATINADE, MATINADE MATINADE OF MATINA		1. NAME OF DECEASED	2. DATE, AND HOUR OF DEATH
FULL NAME OF MODIFAL OR OF MARKED PLAN AND COMPANY AND CONTROL OF MARKED PLAN AND COMPANY AND CONTROL OR OF MARKED PLAN AND COMPANY AND		L LOAD CHLAIM BOURELL	5/5/67. 110.30 P m.
DOSEASE OR CONDITION DIRECTLY  LEADING TO BEATH  OF ARCHITT NO.  C. CIT OR TOWN Ill counted by limits, write BUBAL and give browship)  BALTIMORE.  D. STEET ADDRESS III troil, give becomes  If Under 1 troil works in the counter of the control of the counter of t			
BALTMORE  DISTRIBUTER OF MARKED NEVER MARRIED  NOT THE ADDRES OF TITAL  S. EKK  MALE  D. STRET ADDRES OF TITAL  D. STRET ADDRES OF TITAL  TO COLE ST.  TO COLE ST		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	RYLAND BALTIMORE.
D. STREET ADDRESS   (II road), give becolors)		PRINCIPERSITY OF MARYLAND	19-04
S. SEE    S. RACE   MASHED, NIVER MARRIED   S. DATE OT BIFTH   R. REE (G. Pren)   Host is bindow)   Months, 2009   House   Minin,   Months, 2009   House   Minin, 2009	1	HOSPITAL D. ST	REET ADDRESS (If rurol, give tocotion)
MALE CAU WIDNESS DIVORCED ISpecify  Manual COLUPATION (Cive kind of work) 106. KIND OF BUSINESS OR INDUSTRY II., BIRTHPLACE (Solve or levergin country)  PALATER  A MATERIA MAN COLUPATION (Cive kind of work) 106. KIND OF BUSINESS OR INDUSTRY II., BIRTHPLACE (Solve or levergin country)  PALATER  A MATERIA MAN COLUPATION (Cive kind of work) 106. KIND OF BUSINESS OR INDUSTRY II., BIRTHPLACE (Solve or levergin country)  PALATER  A MATERIA MAN COLUPATION (Cive Man Columbia)  A MATERIA MAN COLUPATION (Cive Man Columbia)  BUSINESS AND CONDITION DIRECTLY  LEADING OF DEATH  Insis datas ped nesten the busines of dyring, ago, then business, the man of the diseases, injury or complication which coused death.)  BUSINESS OR CONDITIONS, if any, giving nase to the obove couse (A) stoting the UNDELLING CONDITION (Cive Man Columbia)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nase to the obove couse (A) stoting the UNDELLING CONDITION (Cive Man Columbia)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PUBLIC CONDITIONS CONTRIBUTING CONDITION (Cive Man Columbia)  A MATERIA BUT NOT RELATED TO THE PUBLIC CONTRIBUTING CONDITION (Cive Man Columbia)  A ALLOCATION (Cive Man Colu	-		
10. USUAL OCCUPATION (Cover hand of weath) (in Kind of Sellines) Certification of feetigen country)   12. CHIZEN OF WHAT COUNTRY		WIDOWED, DIVORCED (specify)	
PATIMER PRODUCTED  13. FATHER'S NAME  C. H. A. R. L. E. S. B. U. R. K. E.T.  15. SOCIAL  15. SOCIAL  16. SOCIAL  17. INFORMANT  ADDRESS  18. 1  DISEASE OR CONDITION DIRECTLY  This dass not mean the mode of dying, e.g., injury or complication which caused demands the disease, injury or caused the disease of conditions caused the disease, injury or caused t		IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BH	TMPLACE (State or foreign country)  12. CITIZEN OF
CHARLES 30 URKETT.  15. West Decerted Faire in U. S. Armed Forces?  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., healt follow, softened, e.g., imply or compileration with considerable with the mode of death).  ANTECEDENT CAUSE  DISEASE OR CONDITIONS, if ony, giving isse in the above cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING IN THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING MAIN CAUSING AND THE PUBLISHED OR CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING MAIN CAUSING THE PUBLISHED TO THE DISEASE OR CONDITION CAUSING MAIN CAUSING THE PUBLISHED TO THE DISEASE OR CONDITION CAUSING MAIN CAUSE OF LUMB AND THE DISEASE OR CONDITION CAUSING THE PUBLISHED TO TH			
15. West Deceased Ever in U. S. Armed Forces? 17. INFORMANT 18. IT SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 18. IT LEADING TO DEATH 19. IT LEADING TO D		13. FATHER'S NAME	OTHER'S MAIDEN NAME
15. West Deceased Ever in U. S. Armed Forces? 17. INFORMANT 18. IT SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 18. IT LEADING TO DEATH 19. IT LEADING TO D		CHARLES BURKETT.	LENA CARMON
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) CHYEMA & LUNG 5 OAYS.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., healt follulur, eithering, etc., threens the disease, inquy or complication which caused death, out to the provide the provided of the		15, Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL 17. INI	
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DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stating the UNDERLYING CONDITION last.    Condition   Conditi		heal failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	I WALL OF A WALLE BY CHANGE
DISEASES OR CONDITIONS, if any, giving is to the above cause (A) stating the UNDERLYING CONDITION last.    Condition   Conditi		ANTECEDENT CAUSES  (B)  DUE TO	INO HIT OF LOW O (C MONTH)
UNDERLYING CONDITION lost.    Under Significant Conditions Contributing To the Death But Not Related to the Disease or Condition Causing it.   Under Significant Condition Causing it.   Under Disease or Condition Causes of Death?   Under Disease or Condition Causes of Death?   Under Disease or Condition Causes of Death?   Under Disease or Causing it in Certifying Causes of Death?   Under Disease or Certifying Causes or Death?   Under Disease or Death?			
TO THE DEATH BUT NOT RELATED TO THE POLL MONARY EMPTY SEMIL.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION		UNDERLYING CONDITION last.	7.7.7.
TO THE DEATH BUT NOT RELATED TO THE POLL MONARY EMPTY SEMIL.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION		Z CONTRIBUTING	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   27A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   WAS PERFORMED   21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID   INJURY OCCUR?   While well-defend examiner   while will notify medical examiner   while work		O THE DEATH BUT NOT RELATED TO THE DOTAL MONEY	IEMPHUSEMA.
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OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)    Death (natify medical examines)		E 4/24/67 CANCEROF LUNG	700
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While At Work  22. I certify that (I) (this haspital) attended the deceased fram  19 to 19  that (I) (we) last sow the deceased olive on 19 ond that In(my) (our) opinion death occurred on the date and hour and from the couses stated above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  23A. SIGNATURE  A.D. Attending Med. Stoff Phys.  23C. PHYSICIAN'S NAME (Type)  CHRISTOPHER BEFFEL M.D. MINUERSITY HOSP. BALL MD.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (State)		0	21F HOW DID INTERV OCCUP?
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that (1) (we) last sow the deceosed olive on		Work At Wark	19 40 10
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Clave & Beatle M.D. Attending Med. Director Phys 5/5/67,  23C. PHYSICIAN'S NAME (Type)  CHRISTOPHER & BEFIEL M.D. QUNIVERSITY HOSP. BALL MD.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)			
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NAME (Type)  CHRISTOPHER & BEFTEL M.D. GUNIVERSITY HOSP. BALL MD.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)		Phys.	Director Phys
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)		23C. PHYSICIAN'S NAME (Type)	DDRESS
REMOVAL (Specify)		HICISION HER 3 OFFIEL ) 9	NIVERSITY HOSP. BALLI MD.
BURIAL MAY 9,1967 GLEN HAVEN MEMORIAL PARK RITCHIE HIGHWAY, GLEN BURNTE MA		REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS		BURIAL MAY 9,1967 GLEN HAVEN MEMORIAL	PARK RITCHIE HIGHWAY, GLEN BURNIE, Md
		MAY 10 1967 R. L. & E. Salleyna	4001 RITCHIE HGWY.BALTO.Md.

4001 RITCHIE HGWY, BALTO, Md.



-1601	67 4564	BALTIMORE CITY	HEALTH DEPARTMENT		67 4564
75705	BIRTH NO. Of. 4JOH	CERTIFICA	TE OF DEATH	Registered No	07. 4004
and eath ased the Such	M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH	
- B B C N	(Type or Print)				7.30 P W
pital a of dec Deceas	COYLE, Charles Joseph 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If inst	7:30 P M. itution: residence before odmission)
hospita ise of (5) Dec ance o death.			A. STATE B. COUN	TY	211"+1
ho (5 d	FULL NAME OF (If not in hospitot or institution, give : HOSPITAL OR oddress or location)	street	Maryland c. CITY OR TOWN (If out	teida citu limite unita PI	Washington Co
cause use; (5) tendance	Veterans Administration Hospital	1		iside city minto, white ite	7/013
e - 3 Z d	3900 Loch Raven Boulevard	-	Hagerstown D. STREET ADDRESS (IF	rurol, give focotion)	
Pri de	Baltimore, Maryland 21218		231/ Linden D	ni m	
bu lar	5. SEX 6. RACE 7. MARRIED, NEV		B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occurred in ontributing ermined ca regular att eased prior is made.	Male White Marri	VORCED (specify)	2/3/98	fost birthdoy)	Months Doys Hours Min.
ontri ermi regu	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY			12. CITIZEN OF
in in on	done during most of working lite, even it retired) Salesman		Jeansville,	De	U.S.A.
deati t or Unde as in e de	13. FATHER'S NAME	9	14. MOTHER'S MAIDEN NAM		U.D.K.
if dect 4) U way	Charles Coyle		Mary Smith	VIL	
is is					
stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	Veterans Admii	nistration Ho	ADDRESS Dispital Records
assistan if the d ny kind; d death ance or	yes 10/1/18 - 12/11/18 2	20-03-7662	3900 Loch Raver		
s as any ced ndar or f	1B. // - X	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
his fa inc en	DISEASE OR CONDITION DIRECTLY				
er. Also, cture of a pronounc lar atten	LEADING TO DEATH	(A) Carc	inomatosis		4 months
9 0 0 0	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
iner actu pro pro plar mba	injury or complication which coused death.)	Undiff	erentiated carc	inoma right	1
E to	ANTECEDENT CAUSES	DUE TO	erentiated carc		l_year
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	101			
(3) e in in in in	UNDERLYING CONDITION lost.	(6)	0 0 0 0 0 0 7 11 11 10 0 0 0 0 0 0 0 0 0		
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edi edi bur hys n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
+ E > C.D o	DISEASE OR CONDITION CAUSING IT.		1004	1	
chie y a Bod the tysic	DISEASE OF CONTINUE CAUSING DISEASE OF CONTINUE CONTINUE CAUSE OF CONTINUE CAUSE OF CAUSE OF CONTINUE CAUSE OF	upper lobe	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
	Drainage	of empyema	1.05	Yes	City, give exact location)
tal be; (2) here	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	rm, foctory, street, of	fice bldg., INJURY OCCUR?		any, gradinon rotalion
	O		015 110 110 110		
	₩ OF INJURY	URY OCCURRED  Not While	21F. HOW DID INJ	URY OCCUR?	
	(A PPROX.)	At Work			V
the the any and obt	22. I certify that (1) (this hospital) attended the d			19 67 10 May	
0 00	that (V (we) last sow the deceased alive on	May 4th	19 67 ond th	at in (m/y) (our) opin	ian deoth accurred on the date
0 0 -	and hour and from the couses stated above. (4) (W	e) (did) (did nov) v			
ust be ased dent ospit deat must	23A. SIGNATURE				23 B. DATE SIGNED
59:54 0-	Amada H Harto	M.D. Atte	nding Med.	Stoff Phys.	May 5, 1967
	23C. PHYSICIAN'S		3D. ADDRESS		
An An	DONALD H. HOOKER	M.D.	VA HOSPITAL	BALTIMORE, M	ARYLAND 21218
certificate sody was r rs. (1) An a D.O.A. at ased prior		of CEMETERY or CRE			, town, or county) (Stote)
This cer the bod shows: was D.C decease	Burial 5-8-7 67 St. Pe	ton & Da	3 Com-t C.	umberland,	MA.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	ter & Pau	S.C. MARKAR TO RECTOR	A Land	ADDRESS
This the show was deco	WAI I O 1901 Of Caro &.	TONSONA	Thomas	Coment 1	Keyser W. Va.
	VS 150-REV. 1/1/65		17 5 7 3		



		(19mg E = 1	37	BALTIN	AORE CITY	HEALTH DEP	ARTMENT		GT AL	305	
	TH NO. E. CASE NO.	67 458	50	CERT	<b>TIFICA</b>	TE OF	DEATH	Registered No.	0/ 40	200	_
	AME OF DECEASE	D					2. DATE AN	ND HOUR OF DEATH	1		_
(Ту	pe or Print) HE	LMICK, B		FRANKL	N		MAY	5. 1967	6	:00 P	M.
3. 1	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND			4. USUAL RE A. STATE	B, COUN	ere deceased lived. If	institution: residen	ce before odmission	n)
	FULL NAME OF	(If not in hospital		n, give street		MARYL		229			
1/2	NSTITUTION		17			BALT I		itside city limits, write	RURAL ond give	township)	1
II		HOSPITAL WILKEN AV	/FC			D. STREET A	ODRESS (If	rural, give location)			-
BA	ALTO MD.	21229				4534		N STREET			
5. 5		ACE	WIDOW	D, NEVER MARR		8. DATE OF B	IRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys		5.
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ERTIFIC,	19A. DATE OF OPE	ERATION 198. CON		R WHICH OPERA	TION	20 A. AUTO	PSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS CON AUSES OF DEAT	ISIDERED H?	_
CERT	21A ACCIDENT V	VAS UNDERLYING	7 2	18. PLACE OF IN	IIIDY (e.o. io				ore City, give exo		_
CAL	OR CONTRIBUTION	G CAUSE OF	h	ome, form, foctor	y, street, of	fice bldg., INJU	IRY OCCUR?	th th botaine	ore City, give exo	C1 (OCORON)	
MEDI	21D. TIME (Me	onth) (Doy) (Year)	(Hour) 2	1E INJURY OCC	URRED	21 F.	HOW DID IN.	JURY OCCUR?			_
2	(APPROX)			While At	Not While At Work	e 🗌					
	22. I certify that	t 💢 (this hospital	) ottended	the deceased	from M	AY 4,		19 67 to MA	Y5.,	19.67	/
	that () (we) los	t say the decease	d alive or	MAY	5.,	196	7ond th	not in KnX) (our) of	oinion deoth oc	curred on the do	ote
		m the couses sto	ted above.	X1) (We) (did)	(1)( )(at) v	iew the bady	ofter deoth.				
	23A. SIGNATURE	do 2.	1.10	Ó			Made		238. DATE SIG	ENED	
	0				Phy		Med. Director	Stoff Phys.	5 6	67	
	23C. PHYSICIAN'S NAME (Type)					23D. ADDRESS					
244	BURIAL CREMAT	ABLOS E D	IBOS	NAME of CEME	M.D.			ospital E			_
	REMOVAL (Speci Burial			Blaine				Slaine Wes	city, town, or cou		
25#	A. DATE REC'D BY		•	E OF REGISTRAR	eu PA	25C. FUNE	RAL DIRECTO		A	DDRESS	91
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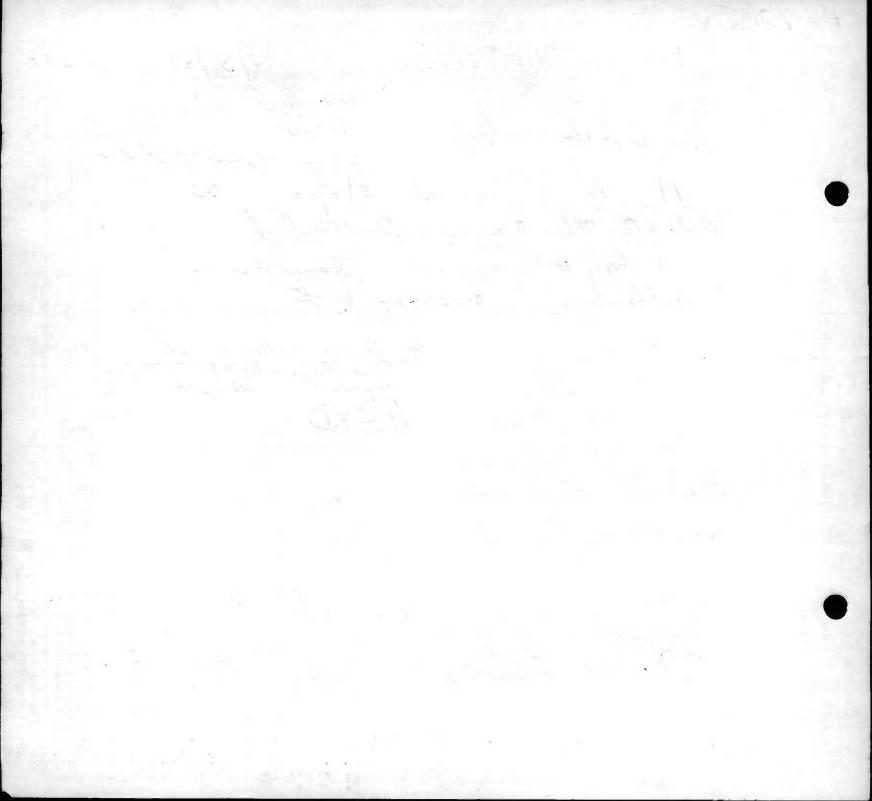
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11	1 -	67 4566 BALTIMORE CITY HEALTH DEPARTMENT 67	AFOO
4	7.57.9	CERTIFICATE OF DEATH	4055
	hospital and ise of death (5) Deceased ance on the death. Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
	de de cea	(Type of Print) Herryn, Catherine B. 5/8/1967	11:30 P M.
	of Obec	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: res	idence before odmission)
	hospituse of (5) De lance death	FULL NAME OF (If not in hospital or institution, give street	
	cause cause use; (5) endan to de	HOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and	give township)
	e 32.	Lachellan Kosfeld of molegard D. STREET ADDRESS , Hi rurol, give facotion	701
		233 South malkestreet	
_	contribut contribut etermined n regular eccased pr	5. SEX 6. RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years   If Under WIDOWED, DIVORCED (specify)	1 Yr. If Under 24 Hrs. Doys Hours Min.
	occur ontrib regul ased is ma		
	con con leterin in re eced	WHA	T COUNTRY?
	= . 7	CONNED!	S. A
	D + D D O S	13. FATHER'S NAME	
	is c	THUL DONUS TONH SNIHDHCH	
Z	istant he di kind; death ce on nal d	35, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	SOUTHERN AVE
E	sista the kind dea dea inal		MD. 21214
MPORTA	s as if any ced ndar or f		NTERVAL BETWEEN
AP	G G T T O D	DISPASE OR CONDITION DIRECTLY	2 - /412
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å.	er. Stur eror ar	heart failure, asthenia, etc. It means the disease,	
ō	examiner. 3) A fracture propriet who propriet on regular are emba	ANTECODER CAMERS AT THE MENTINGER OF STREET	· · · · · · · · · · · · · · · · · · ·
5	xami cami A fr who reg	DISEASES OR CONDITIONS, if ony, giving Wester	
DIRECTOR	ex (3)	rise to the above cause (A) stoling the (C)	
0	dical dical diras; (c rsician was ii mains		
AL		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
2	a medody but be physician the re		CONSIDERED
UNER	a a Sod	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	EATH?
3	the class by (2) B ere to phy efore		exact location)
	tal tal her to bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	Q = ≥ P	D 21D, TIME (Month) (Doy) (Year) (Hour) 21E, INTURY OCCURRED 21E, HOW DID INTURY OCCUR?	
	hosi natu cept id (6)	While At Not While At Work	
	O D X X E to	22. I certify that AT (this haspital) ottended the deceased from 4/8/	19 /2
	app forth fan fan (e) (); d	aúr) opinian deatl (عرم) العمل (aúr) opinian deatl (عرم) (hot (1) (عرم) (عرم) (عربة) (aúr) opinian deatl	occurred on the date
	9705-7	ond hour and fram the couses stated above. (1) (We) (did) (did not) view the body after death.	
	eased eased ident nospit deat	23A, SIGNATURE 23B, DATI	SIGNED
	- W C A	N.B. Allending	8/87
	s re	23C. PHYSICIAN'S NAME (Type) TRATE 23D. ADDRESS HOLD TO THE	~
	This certificate make body was relishows: (1) An accional by the constant of t	INTO TESTIE M.O. Luthe Car to priat	
	d Sold	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or	county) (Stole)
	his certifue body hows: (1) ras D.O. eceased	BURIAL MAY 12, 1967 GARDENS OF FAITH BALTO. CO. ME	> .
	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	astern Ceve.
	F = 2 3 0 3	The state of the s	
		VS 150-REV. 1/1/65 WIFIALKOWSKI BALTO. M	D. 21231

1 3 W. Feeldonook 2007 Eastern Front

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior of death. IMPORTANT FUNERAL DIRECTOR:

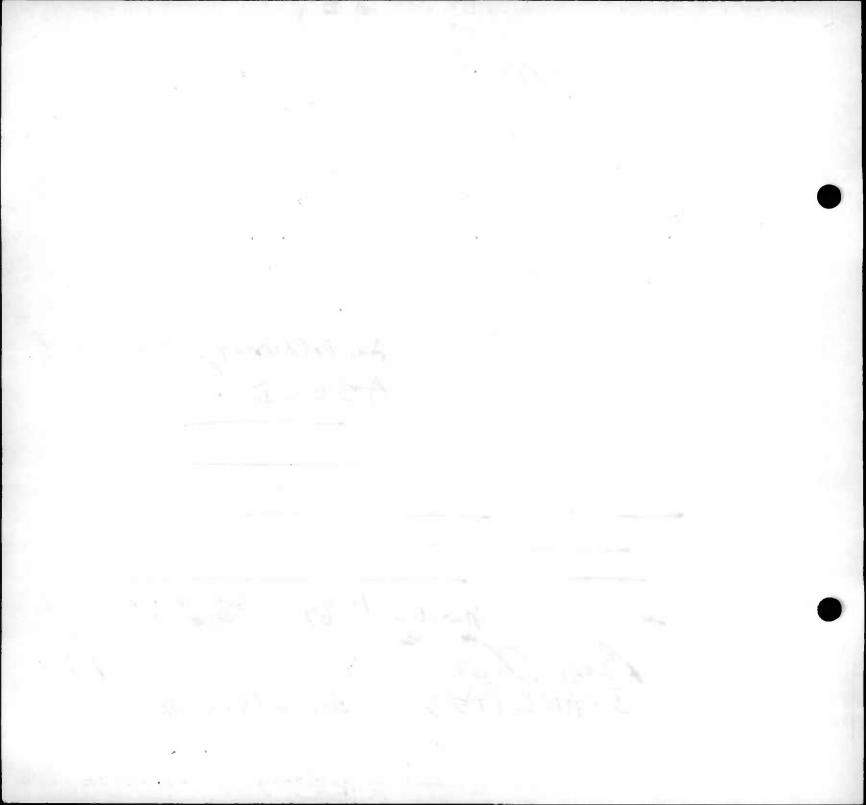
1	OM AEINO	BALTIMORE CITY	HEALTH DEPARTMENT	Y	C'T ASC'T
1	H NO. 67. 4567	CERTIFICA	TE OF DEATH	Registered Na.	0/ 400/
1.N.	AME OF DECEASED Theodore, Holey	vczynski vczywski	2. DATE	AND HOUR OF DEATH	12:05 Pm.
	LACE OF DEATH IN BALTIMORE, MARYLAND  ULL NAME OF (If not in hospital or institution,		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. Il in:	stitution: residence before admission)
H	OSPITAL OR oddress or location)	//	C. CITY OR TOWN	outside city limits, write	RURAL ond give township)
8	Mbylast Houst	tool	D. STREET ADDRESS	(If rurol, give location)	of are to
5. S		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 5/18/06	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND Of	. 1	11. BIRTHPLACE (Stote or f	oreign country)	12. CHIZEN OF WHAT COUNTRY?
13. 1	FATHER'S NAMEANTHONY HOLEWCZI	Sucrety	14. MOTHER'S MAIDEN I	JAME Joanna To	omczak
15. V	Nos Deceosed Ever in U. S. Armed Forces?	11 6. SOCIAL	Joanne 17. INFORMANT	tomay	ADDRESS
(Yes	,no or unknown (It yes, give wor or dotes of service)	216-07-4714	Mrs.Gertrud	e Holewczyn	6328 ski.Hazelwood Av
	DISEASE OR CONDITION DIRECTLY	CAUSE/OI	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	** LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		legge in	Road fronto	teneno (
	injury or camplication which caused deoth.)  ANTECEDENT CAUSES	(B)	gin -	thingly de	- Jede
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	4	CVD		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
احا	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ,)	or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)
ā	OF INJURY	INJURY OCCURRED		INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended t		5/4	1962 ta	5/5 1947 ,
	that (1) (we) last saw the deceased alive an	/	,		nlan death accurred an the date
	and haur and fram the causes stated abave. (	l) (We) (did) (did nát) v	lew the bady after deat	h.	238. DATE SIGNED
	March HON	M.D. Atte	nding Med. Director	Stoff Phy s	3/8/17
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	1117 92	11
24A	BURIAL CREMATION, 24B. DATE 24C.N	AME OF CEMETERY OF CRE	MATORY 24D	LOCATION (C)	ty November (Stote)
	Burial 5/12/67 St.	Stanislaus	Ba	altimore,	Maryland
25A		OF REGISTRAR	M. F. SADOW		1808 EASPERN AVE
VS	150-REV. 1MAY 1 0 1967 (1.095)	S. Stanton .	457	5	



VS 150-REV. 1/1/65

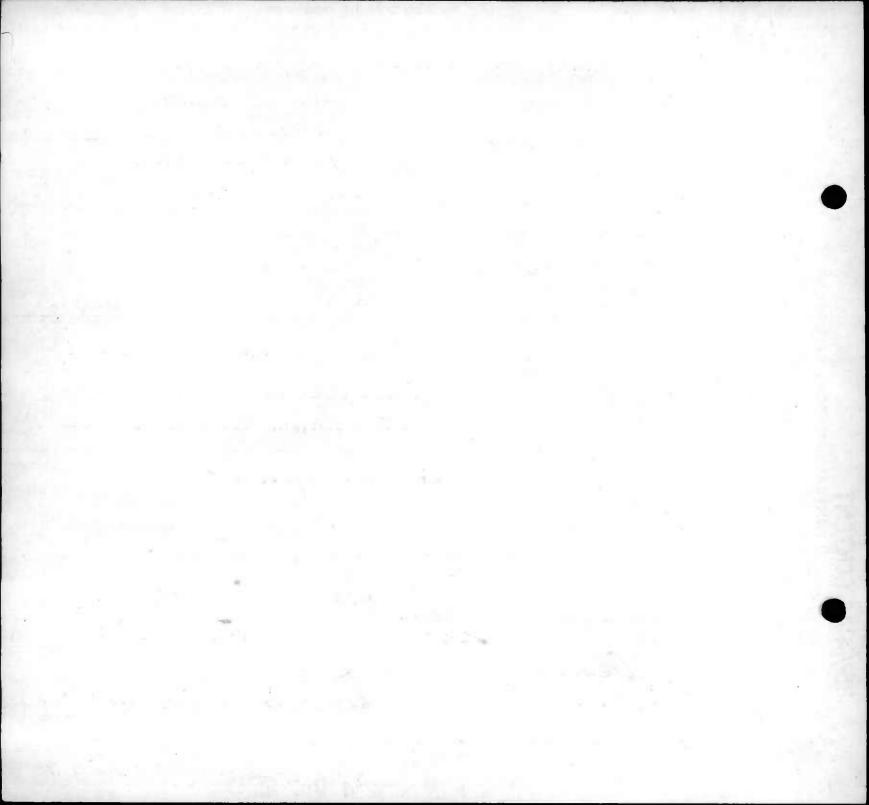
-			HEALTH DEPARTMENT	67 4568
	BIRTH NO. 67 4568	CERTIFICA	TE OF DEATH Registered No	37 4000
	1. NAME OF DECEASED	erick W. Kornmann	2. DATE AND HOUR OF DEATH May 8. 1967	230 A M
	3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If in: A. STATE 8. COUNTY	stitution: residence before odm(ssion)
	FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location INSTITUTION	or institution, give street )	Maryland  C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
	00		Baltimore D. STREET ADDRESS (If rurol, give locotion)	25-41
	316 Oaklee Villa		316 Oaklee Village	
	5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In yeors lost bightdoy) April 16, 1887 80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Elec. Inspector	Balto. City	Balto. Md.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
٠	Henry Korn	mann	Augusta Unknown	
	15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give wor or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	No	32001117 1101	Mrs. Laura Kornmann	Same
	18. 4 20. / 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	ECTLY	1. D. Coren an rel	Paracola (15/1
	(This does not mean the mode of	dying, e.g., DUE TO	Jeuly a word jour	action 12 g
	heart failure, asthenia, etc. It means injury or complication which coused	the disease, death.)	As CUD	>
	ANTECEDENT CAUSES	(B) DUE TO	JSCOD	·
	DISEASES OR CONDITIONS, If			
	rise to the obove couse (A) UNDERLYING CONDITION lost.	sloting the (C)		
	11			
	Z	ONTRIBUTING		
	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	Т		
	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exect location)
	DEATH (notify medicol examined)  O 215 NIME (Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	S OF INJURY (APPROX.)	While At Work		,
	22, I certify that (I) (this hospital		NOVE 1962 to MU	78 1967
	that (1) (**********************************		19 0 ond that in (mg) opin	nian death accurred an the date
	)   L	ted abave. (1) (##) (did) (did pt)	,	
	23A. SIGNATURE	1		23B. DATE SIGNED
	1 Zaro	(fact) M.D. Att.	s. Med. Stoff Phys.	5-4-67
	23C. PHYSICIAN'S NAME (Type)	LPASS M.D.	23D. ADDRESS	0
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C)	ty, town, or county) (State)
	Burial 5 11 6'	7 Lorraine	Dollar Wa	
	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	MAY 1 U 1967 ()	I Variable of the state of the	Mc Cully 720 T	10

130 E. Fort Ave



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

	67 4569	1		Y HEALTH DEPARTMENT	_ X	67 1569
BIRTH NO. M.E. CASE NO.	07 4000	)	CERTIFICA	TE OF DEATH	Registered No.	. 07 4000
I. NAME OF DEC	CEASED		7	_	ND HOUR OF DEATH	1
(Type or Print)	HARRY	Wa	DUMLEN	MI	146,196	7
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh		institution: residence before admission
FULL NAME O	OF (If not in hospital	or institution of	e street	MD.	BALT	0, 0
HOSPITAL OR	address or lacation		ve sileel	C. CITY OR TOWN (If a		RURAL and give tawnship)
,		,		WOODL	sw N	63-00
403	STIAGNES	1405P	TAL	D. STREET ADDRESS (I		
/				1960 WOO	DLAWN DI	RIVE
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
M	a		DIVORCED (specify)	2-13-1889	last birthday)	Months Days Hours Min.
OA. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State or for	eign country)	12, CITIZEN OF
	working life, even if retired)	-		117	23	WHAT COUNTRY?
	S- RET.	PURN	TURESTORE	MI		
3. FATHER'S NA		-		14. MOTHER'S MAIDEN NA	AME	
V	OSEPH 7	UMLER		SOPNIA		
5. Wos Deceased	d Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
res, no ar unkna wi	n) (If yes, give war ar date	s of service)	SECURITY NO.	Mus ( Farmer W.	0 6 - 10	Go Wordlander.
Nº			CAUSE 4		corporation 17	GO WATER OF .
1B. 4	0.0		CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	0.	)	0.0	2 dans
(This does	not mean the made al	dvina e.a.	(A) let	munery emb	ces	2 days.
heart failure,	, asthenia, etc. II means	the disease,	000.10			
	mplication which caused		Coto	rio polerosis	general	10 2/20
	ANTECEDENT CAUSES		DUETO			
	OR CONDITIONS, if		0.7	erio polerolia	Lound De	5 212
	e abave cause (A) G CONDITION last.	sidling the	(c) W/2	our people at	posser des	
OTHER SIGN	II DIFICANT CONDITIONS C	ONTRIBUTING	4	A	1.00	
E TO THE D	CONDITION CAUSING	ATED TO THE	Lenik	ely - myoca	uditis	
U 19A. DATE OF	F OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes at N	(a) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDE	ENT WAS UNDERLYING UTING CAUSE OF	21 B, F	LACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If in Battima	are City, give exact lacation)
OR CONTRIB	UTING CAUSE OF  y medical examiner)	hame etc.)	, form, factory, street, c	office bidg., INJURY OCCUR?	<del></del>	
U	(Month) (Day) (Year)	(Haur) 21 E.	NJURY OCCURRED	21 F. HOW DID IN	Illey Occiles	
OF INJURY	(Manin) (Day) (Tean		At Mot Whi		JURY OCCUR!	
(APPROX.)	And the second second	Wark	At Work			A 11
22. I certify	that (1) (this haspital	l) ottended the	deceosed from	1963	19 to 5	76/67 19
that (I) (we	) lost sow the deceose	ed alive on	575/66			pinion deoth occurred an the do
			*			as do
23A. SIGNATI		red obove. ()	(We) (did not)	view the body after death	. Set algres	Mospotal
ZSA. SIGNATI	OKE PAPE		A4 D A4	neding - AAed -	Stoll	23B. DATE SIGNED
	Malas		M.D. At	rending Med. Director	Stoff Phy s.	
PHYSICIA NAME	AN'S Typel			23 D. ADDRESS	1 0	0
A	CALAS		M.D.	6411 Frede	rick Wo	Z Ball Mef.
24A. BURIAL CRE	EMATION, 248. DATE	24C, NA	ME of CEMETERY or CE	EMATORY 24D,	LOCATION (	City, town, or county) (State)
REMOVAL	(Specify)	7 /20		0	601 V	)acl
win	7 1-6	1000		um lake	Mary	1
ZOA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR CALL	25C. FUNERAL DIRECTO	R 2 411 G	ADDRESS
1	AY TO JAPI	KIND F	1 diameter	Taley-Cam	suglit H. Ca	correlly that
VS 150-REV. 1/1/	/65	\$ 500		1 0 1 0		1
					the state of the s	



		TY HEALTH DEPARTMENT	7 4570
0	BIRTH NO. CERTIFIC	ATE OF DEATH Registered No.	1010
	M.E. CASE NO.  1, NAME OF DECEASED  7	2. DATE AND HOUR OF DEATH	Α
	(Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARTLAND 4 SCHMICE		16:00 P.M.
	SCOTT-VINCENT-Schmie		ion: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (Il outside city limits, write RURA	L and give towastilla
	INSTITUTION	Baltimore #	2/230
	5 11 n 11:	D. STREET ADDRESS (I) turol, give locotion)	
de.	South Balt MAPE (-ENETAL HOS)  5. SEX 6. RACE 17. MARRIED, NEVER MARRIED	B, DATE OF BIRTH 9. AGE (In years If	Under 1 Yr If Under 24 Hrs.
made	M 1.) h; += WIDOWED, DIVORCED (specify)	N 3-7-67 lost birthday) Me	inths Days Hours Min.
si is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF WHAT COUNTRY?
ioi	dane during mast at warking life, even if retired)	Better Md.	WHAT COOKINT
asi	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	hi
dispasition	MarioN L. SCHMICK	BELL 4.01	BLEVINS
9	15. Wos Deceásed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT	ADDRESS
final	CAUSE	FATOCR	) won to
a		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ned	LEADING TO DEATH (A)	Asphy XIa Neonatorum	20 hr.
balm	(This does not meen the made of dying, e.g., DUETD heart failure, asthenia, etc. it means the disease,	Asphyxia Neonatorum Veonatul Atelectuari	1
E	injury ar complication which coused death,)  ANTECEDENT CAUSES (8)	leonatal Atelectuais	20 hr.
100	DISEASES OR CONDITIONS, if ony, giving		
0	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,		**************************************
ain			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	Prematurity	20 hr.
the		20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FIND	INGS CONSIDERED
0	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES	
befare	OR CONTRIBUTING CAUSE DF home, form, foctory, street,	g., in at about 21C, WHERE DID (If in Baltimare Cit affice bldg., INJURY OCCUR?	y, give exact location)
		21F. HOW DID INJURY OCCUR?	
ained	OF INJURY While At Not V	Vhile	
btai	22. I certify that the (this hospital) attended the deceased fram	5-7 19 67 to 5	-8 10 62
0 0	that (4)*(we) last saw the deceased alive an	19 6 7 and that in (awy) (aur) apiniar	
0	and hour and fram the causes stated above. (I) (We) (did) (did not	•	
must	23A. SIGNATURE		DATE SIGNED
	10 stany Benjaced	Attending Med. Staff Phys. Director Phys.	5-8-67.
rav	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	(-10-) 11.0
appraval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 124D. LOCATION (City, II	ENEral HOSP
	REMOVAL ISpecify) 5-0-13 (-1-1)	FUEN AMME ARUNDIE	L Co. MD.
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Curtis & Com	ADDRESS
3	MAY 10 1967 100 8 2 Faller	CURTIS EVANS FUN.	HOME
1	VS 150-REV. 1/1/65	1 CHUOO'S THARLES	57

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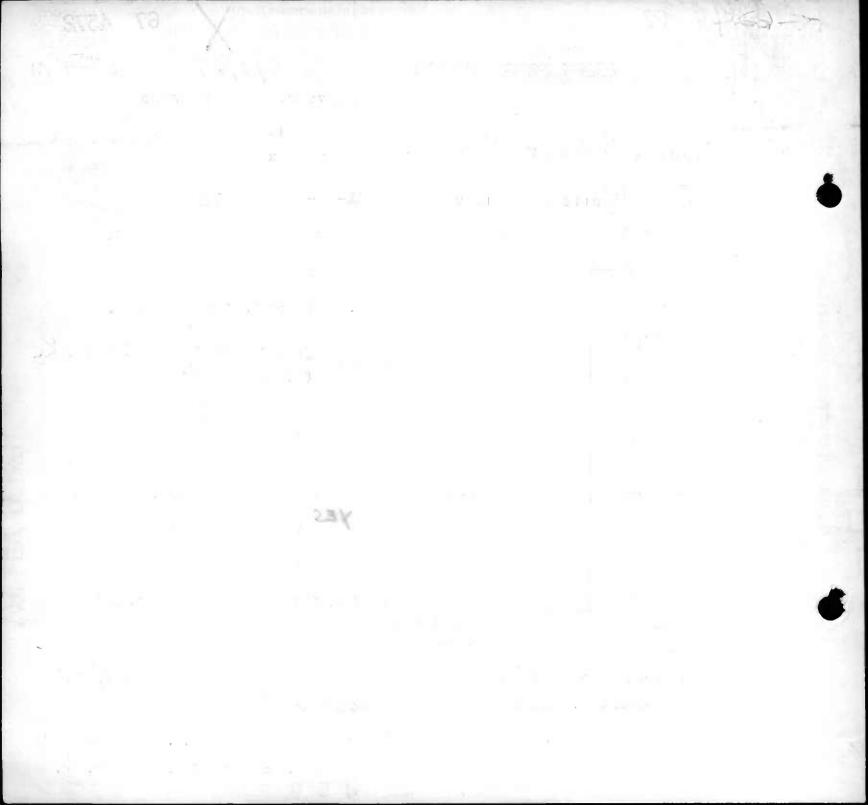
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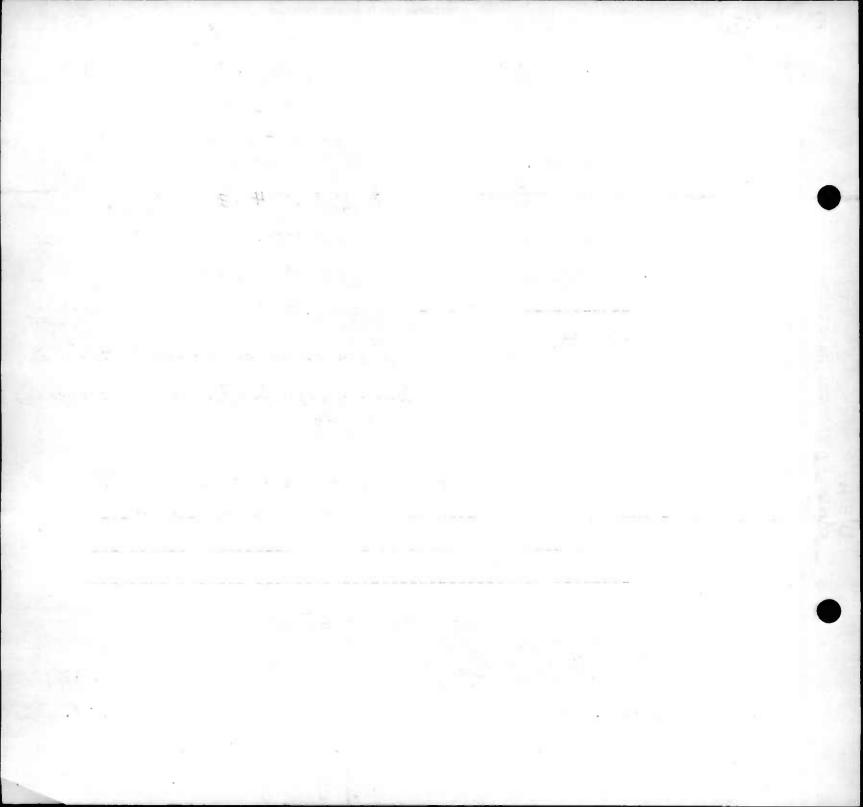
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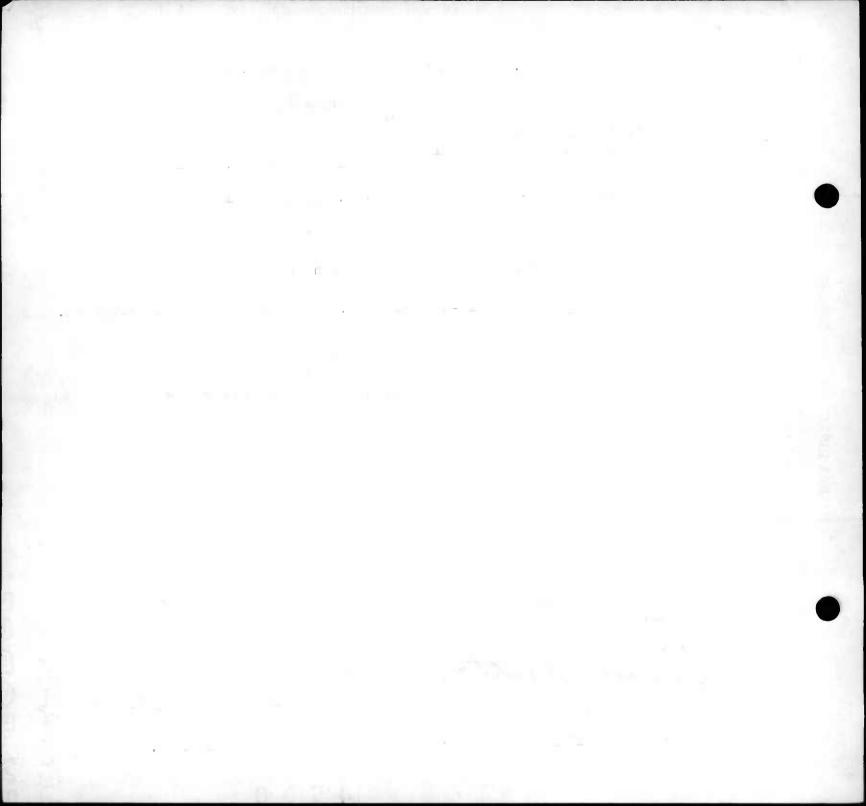
	BALTIMORE CIT	Y HEALTH DEPARTMENT	OP ACREA
3	BIRTH NO. 67 4574 CERTIFICA	TE OF DEATH Registered No.	67 4574
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type of Print) Marie B. Christopher	May 7, 1967	4:00 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE   Where decessed lived, If in:	stitution; residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland BALTO CO	URAL and give township)
1	3	Baltimore - Overlea  D. STREET ADDRESS (If rural, give location)	53-00
	John Hopkins Hosp. (DOA)	26 Greenwood Avenue	
made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Caucasian Never Married	B. DATE OF BIRTH  9. AGE (In yours last birthdoy)  April 28.1914 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
disposition	done during most of working lile, even if retired)     Saleswoman   Tailoring Factor	Poltimone Manuland	WHAT COUNTRY?
sit	13. FATHER'S NAME	ry Baltimore, Maryland 14. MOTHERS MAIDEN NAME	UDA
spo	John E. Christopher	Cothenine W Platker	77 70
	15. Was Deceased Ever in U. S. Armod Forces?   16. SOCIAL	Catherine M. Blotkar	ADDRESS
tinal	(Yes, no or unknown) (If yos, give wor or dates of service) SECURITY NO.	John E. Christopher 20	6 Greenwood Av
or t		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	10	ONSET AND DEATH
e E	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO	silmonens lincoles	2 min B
palmed	heart failure, asthenia, etc. It meons the disease,		
E	injury ar camplication which coused dooth.)  ANTECEDENT CAUSES  (B) Thus	mboulelates Tarm	2 weeks
	DISEASES OR CONDITIONS, if any, giving	+ Reg.	
s are	uise to the above cause (A) stoling the IC)	J	
u u	H H		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	to + celletete	years.
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE F	INDINGS CONSIDERED
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	NO	City, give exact location)
efe	OR CONTRIBUTING CAUSE OF home, form, foctory, street, otc.)	office bldg., INJURY OCCUR?	
	21D. TIME   IMonth)   Doy)   IYeor) (Hour)   21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
ained	OF INJURY (APPROX.)  Work  At Work	444	
à	22. I certify that (I) (this hospital) attended the deceased from	19 to	10
0	that (I) (we) last saw the deceased alive on 5 - 4		nion death accurred on the dote
t be	and hour and fram the couses stated above. (1) (We)-(did) (did not)		
must	23A. SIGNATURE	·	238, DATE SIGNED
	MU/Marphio. At	ronding Mod. Stoff Phys.	May 8, 1967
0 ^ 0	23 C. PHYSICIAN'S NAME I Typo)	23D. ADDRESS	
approval	Wyman K. Wong	6801 Belair Road Balt:	imore . Md.
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CF	EMATORY 24D. LOCATION (C)	ty, town, or county) (Stote)
9	Burial May 10,67 Holy Redeemen	Cem. Baltimore, N	Maryland
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
>	MAY 10 1967 P. S. S. E. Fasterine.	Dippel Brothers Inc.	7110 Belair RD.
	VS 130-REV. 171763	4 3 0 0	



	Olei	A minin		BALTIMORE CITY	HEALTH DEPARTMENT		67	4575
-		4575		CERTIFICA	TE OF DEATH	Registered No	() 8	4070
1. N. (Type				ox	May	8, 1967		N
3. P	LACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. COL		stitution: residence	before odmission
	ULL NAME OF	(If not in hospital		ive street	Maryland			
	OSPITAL OR NSTITUTION	oddress or location	1)		C. CITY OR TOWN (IF	outside city limits, write l	RURAL ond give to	ownship)
	() Cen	tury Nursi	ing Home		Baltimore D. STREET ADDRESS	(If rurol, give location)	-	2-01
	7 102	North Pag	ca Stree	t		Charles St.	212	30
. SI	EX 6. RA	CE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 Hrs Hours Min,
1a	de	White		dowed	April 7, 1900	last birthdoyl	Monnis Doys	Hours Min,
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF	
one	during most of working Salesman	itre, even if retired)	dr	ugs	Maryl and			
3. F	ATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
	John	Fox			Annie Smit	h		
	Vas Deceased Ever i			1 6. SOCIAL	17. INFORMANT		ADDR	ESS
ies,	, no or unknown) (11 ye	None None	s of service)	216-05-1582	Mr. Wilbur W.	Fox 25 Spi	ring Valle	y Rd.
	18. / 6. 0	V 1		CAUSE O	F DEATH			AL BETWEEN
	DISEASE OR	CONDITION DI	RECTLY			', )'/	ONSET	AND DEATH
Ì		ING TO DEATH		(A) Ca	dio - lespe	entry tacker	- C	
	(This does not me heart foilure, asthe			DUE TOPM	euronit	3-1		
	injury or camplicati			Ca	Victim "	2 Esopha	cus	
		CEDENT CAUSES		DUE TO		4	0	
	DISEASES OR CO			(C) Q1	* CUH			
	UNDERLYING CO					<i>\$\times\text{n}\text</i>	DE 2000 2000 M 00 0 M M 00 0 0 0 0 0 0 0 0	
_		11						
ATION	OTHER SIGNIFICAN	BUT NOT RELA	ATED TO TH	E				
	DISEASE OR CONE			WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WERE	FINDINGS CONSI	DERED
ERTIFIC	()	WAS PER				IN CERTIFYING CA	USES OF DEATH	,
J	21A. ACCIDENT WA	AS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	(If in Boltimare	e City, give exact	locotion)
CAL	DEATH (notify medic		etc.)		mee sing., into kir o cook.			
<u></u>		th) (Doy) (Yeor)	(Hourl 21E,	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
ME	OF INJURY (APPROX.)		Whi	le At Not While	е			
	22. L certify that	(I) (this haspita		ne deceased from Q	M 21	19 67 to m	ey P	19 6 7
	that (1) (we) lost			7 0	19 6 7 ond	that in (my) (	nion death acc	
				1	iew the body ofter deat			
	23A. SIGN ATURE	The couses sid	160 00046. (1	/ (me) (did ilbi) (	riew the body offer deof	110	238. DATE SIGN	ED
	111180	. 10P	1	M.D. Att	ending Med.	Stoff 7		
	23C.PHYSICIAN'S	ca	Lice	1117	s. Director 23D. ADDRESS	Phys.		
	23C.PHYSICIAN'S NAME (Type)	1 An	1-6	M.D.	5501 Park	Height	IN.	
24A	BURIAL CREMATIC	ON, 24B. DATE	24C. N.	AME of CEMETERY OF CR		LOCATION (C	ity, town, or count	y) (Stote)
	REMOVAL (Specify	)						,
254	Burial . DATE REC'D BY H		967 L	oudon Park Ce	meter	Baltimore, Mo	1.	22380
ZOA	MAN	1 1 1 1987	A D S	of REGISTRAR	71/10 1 7	6,0	Bal	to , my
V/¢	150-REV. 1/1/65	T 0 1001	HICKIEL	The Manager of the Ma	10014 100	menton	o nort	alla
4 J	100-ML V. 1/1/00		1 797		17 / 18	A. 4		

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	OPM 4 min		BALTIMORE CITY	HEALTH DEPARTMEN	Т		n jay	4 minut
BIRTH NO. M.E. CASE NO.	67 457	6	CERTIFICA	TE OF DEATI	Registere	d No.		4576
1. NAME OF DE (Type or Print)		_		2. DAT	E AND HOUR OF D	EATH		
	Harriett	C.	Fehler	Ma	xy 7, 1967			
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		10.5	Where deceased live OUNTY	d. If instituti	on: residen	ice before odmi
FULL NAME HOSPITAL OR INSTITUTION	oddress or location	1)	give street	Mary Land	Il outside city limits,	write RURA	L ond give	township)
	2100 Dobler			Baltimore				4-01
00	Baltimore, M	aryland	21.218	D. STREET ADDRESS  2100 Doble		18		•
5. SEX Female	6. RACE White	WIDOWED	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH  Jan. 31, 188	9. AGE (In year lost birthday)	. 1// 1	Under 1 Yr.	t. If Under 2
	CUPATION (Give kind of wark f working life, even if retired)					12.	CITIZEN C	
13. FATHER'S NA				14. MOTHER'S MAIDEN	NAME			
13. PATHERS NA	OVE			14. MOTHER'S MAIDEN	NAME			
		Weidema	ann	Je <b>n</b> nie				
5. Was Decease Yes, no ar unknow	d Ever in U. S. Armed For	ces?	1 6, SOCIAL SECURITY NO.	17. INFORMANT			ADD	DRESS
No	None		216-12-2951	Mrs. Grace W	Jei demann	2221	Palha	W 4 ***
1B. L.L.	0 01		CAUSE O		or delianii	2661		RVAL BETWEEN
DISE	ASE OR CONDITION DIE	TOTAL V	60.1				ONSE	ET AND DEAT
DISEA	LEADING TO DEATH	(ECIEI		and .	0		X	0.0.
(This does	nal mean the made at	dvina ea	(A) DUE TO	and su			1200	
heast failure	, asthenia, etc. It means	the disease,		1 . 0	. 1			4
injury or co	mplication which caused	death.)		1 - 0.	- 1. 11	1 1	9	/
	ANTECEDENT CAUSES		(B)	Vacul ze Ca	ente f	int CA		14
DISEASES	OR CONDITIONS, if	anv. aivina	501 10					1
	he abave cause (A)		(C)					
UNDERLYIN	IG CONDITION last.							
≥ TO THE	11 NIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING I	ATED TO TH	G E					
		DITION FOR V	WHICH OPERATION	20A. AUTOPSY? IYes	OF No. 208, IF YES, IN CERTIFYIN	WERE FINDI	NGS CON	ISIDERED
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF	21 B. ham etc.	PLACE OF INJURY le.g., i le, form, loctory, street, o	n or obout 21 C. WHERE DI	ID III in E	Boltimore City	, give exo	ct focotion)
0 21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21E HOW DIE	INJURY OCCUR?			
OF INJURY	,		ile At Not Whil	e 🖳	mount occor.	-2		
22. I certif	y that (1) (t <del>his hospital</del>	)-ettended t	he deceased from 57	6	1962 to	51	7	19_4
	) last saw the decease		/ /	/ 3				
			-/			ny opinian	nentu ac	Corred on th
	nd fram the causes sta	ted abave. (1	) (We) (did) ( <del>did not)</del> (	riew the bady after de	oth.			1
23A SIGNAT	URE / R		E M.D. Atte	ending Med.	Stoff Phys.	23 B.	DATE SIG	P/K 7
23C. PHYSICI				23D. ADDRESS			1-1	1
	rade Ki	chte	M.D.	3/281	farfa	el A	2/1	ELAP
REMOVAL Buria	(Specify)	24C. N			D. LOCATION		wn, or cau	unty) IS
	21 -1 -1		ruid Ridge Ce		Pikesville	Md.		
25A, DATE REC'	D BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRE	CTOR	0	BA	ADDRESA



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. HOUR OF DEATH (Type or Print) CONLY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION LINTHICUM PHAMMONDS FERRY JOHNS HOPKINS HOSPITAL. tf Under 1 Yr. Months: Doys 5. SEX 7, MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours FEMALE WHITE 10-07-1886 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Housewife Lynchbury, Virginia U. S. 13. FATHER'S NAME WILLIAM WAUGH MARIE LASTRABES 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 213-48-3708 W. Maple Road Mrs. Lucile McCov 212 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injuly of complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes br 20B. IF YES, WERE FINDINGS CONSIDERED 9A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, toim, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not White (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from ..19... that (1) (ve) last saw the deceased alive on..... and that in(my) four) apinion death accurred on the dote ond hour ond from the couses stated above. (1) (We) (iid) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D Attending Med. Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) HABNER M.D 24A. BURTAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5/11/1967 Oakdale Wemetery Wilmington, Burial North Carolina 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md.

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, If institution: resident 3. PLACE OF DEATH and give township 9. AGE (In years If Under If Under 24 Hrs. Doys lost birthday) Monthsi Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH HEMORRHAGE, HASCUD 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or Not) 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, lactory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (aur) apinion death occurred on the date ond haur and from the causes stated abave. (1) (We) (did) (did) (did) view the body after death. 23 B. DATE SIGNED Stolf Med. Director 23 D. ADDRESS ADDRESS FUNERAL DIRECTOR VS 150-REV. 1/1/65

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	occurred in a hospital and ntributing cause of death rmined cause; (5) Deceased egular attendance on the steel prior to death. Such s made.
IMPORTANT	or his assistant if death o Also, if the direct or cor e of any kind; (4) Undeter nounced death was in re attendance on the decec med or final disposition is
FUNERAL DIRECTOR: IMPORTANT	ficate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased A. at a hospital (except where the physician who pronounced death was in regular attendance on the prior to death); and (6) No physician was in regular attendance on the open to death. Such inproval must be obtained before the remains are embalmed or final disposition is made.
	ficate must be approved by was released to the hosp.  An accident of any natur.  A. at a hospital (except war prior to death); and (6) proval must be obtained

BALTIMORE CITY HEALTH DEPARTMENT 4579 Registered No. CERTIFICATE OF DEATH BIRTH NO. on the M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 518 6 HESTER HOLMES death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY Of not in hospital or instilution, give street MARYLAND FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION BALTIMORE ar atte prior THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) 1102 WOLFE STREET 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Days Hours SEPARATED (specify) MALE NEGRO 10A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired} AMMENTION 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME ROXIE MATTHEWS VIOE HOLMES 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, nayor unknown) (If yes, give war ar dates at service) SECURITY NO. 0 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING \_ CAUSE OF DEATH (natify medical examiner) etc.) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While [ (APPROX.) Waik At Wark 22. I certify that (1) (this haspital) attended the deceased frame that (I) (we) last saw the deceased alive an. 518167 \_19\_\_\_\_and that in(my) (our) opinion death accurred on the date and haur and from the causes stated allowe. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Staff M.D. Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D ISMAIL- BEIGI JOHNS HOPKINS HOSPITAL EARAMARZ shows: (1)
was D.O.A
deceased
written ap 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION REMOVAL (Specify) ural 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

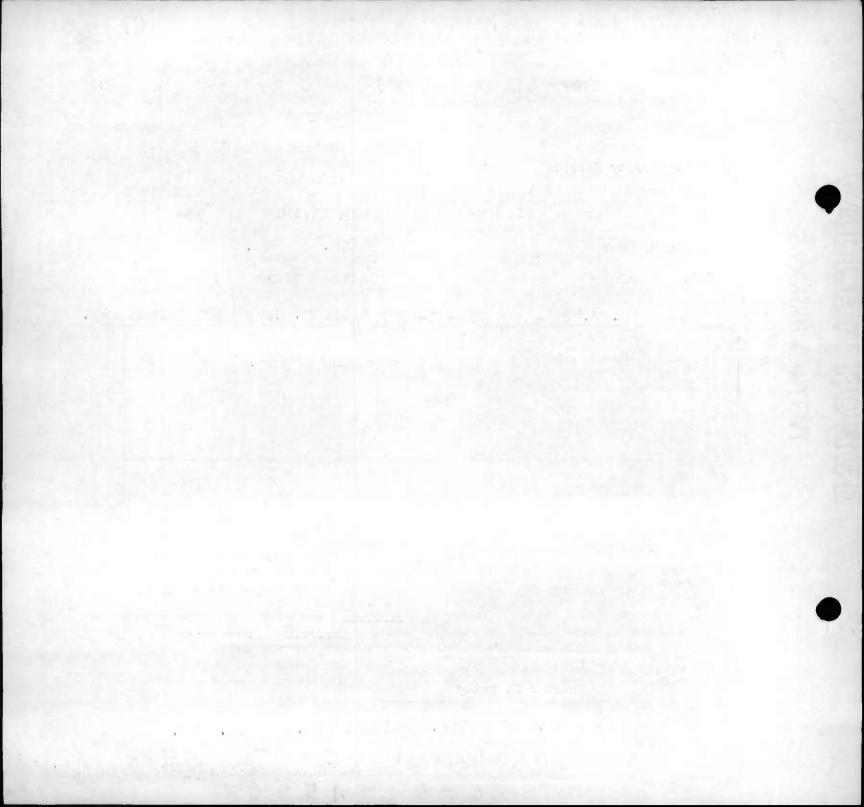
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	CIT	4590		BALTIMORE CIT	Y HEALTH DEPARTMENT	6	7 4580
	H NO. O	4000		CERTIFICA	TE OF DEATH	Registered No.	1000
1, N	AME OF DECEAS	ED	N		2. DATE A	ND HOUR OF DEATH	1 00
	Fil	IN BALTIMORE MA			WA HENAL RESIDENCE (WI	ay 6, 196	1 3 P. M.
] 3. F	TACE OF DEATH	IN BALTIMORE, MA	KILAND		A. STATE B. COU	NTY I I I I I I I I I I I I I I I I I I I	ion; residence belore odmission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddiess or location	or institution, g	give street	Maryland	outside city limits, write RURA	L ond give township)
16	10				Baltimore	,	
1	1105 1	. Fayette	Stree	t	3504 GUGA	Street	
5. \$	EX 6.	RACE	7. MARRIED, WIDOWED	NEVER MARRIED ), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
		TION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTH LACE (Stote or fo	reign country) 12	CITIZEN OF
	housew				I taly		U.S.A.
13.	FATHER'S NAME	10			14. MOTHER'S MAIDEN N.	AME	
	ALexan	der F	oldi		Sandra	tatter	19
15. Yes	Was Deceased Ev	er in U. S. Armed For yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO					Tucciarelli	
	18.	01		CAUSE	OF DEATH		ONSET AND DEATH
		OR CONDITION DIF ADING TO DEATH	RECTLY		Cancer of	Pladder	3yrs
	heort failure, ast	mean the mode of henia, etc. It means cotion which coused	the disease,	DUE TO	Cander or	Blaudel	0,110
li		TECEDENT CAUSES	dodin.	(B)		*** ****** **** *** *** *** *** *** **	
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO			
		obove couse (A)	sloling the	(C)			<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
TION	TO THE DEA	ANT CONDITIONS C TH BUT NOT RELA NDITION CAUSING I	TED TO TH				
CERTIFICATION		PERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION		10 208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTION DEATH (notily me		21 8. hom etc.)	e, lorm, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore City	y, give exact location)
	21 D. TIME (A	Aonth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
1	(APPROX.)		Whi	ile At			
	22. I certify the	ot (I) (MINENERE	) attended ti	he deceased from	Feb. 15,	1967 to War	1967,
	thot (I) (🐝) lo	st sow the decease	d alive an	May			death occurred on the date
	ond hour and fr	am the couses stat	red above. (I	(APPENDATION (PIP) DATAS (	view the body ofter death		
	23A. SIGNATURE	500	11	01			DATE SIGNED
	2	Clour	h 9	OF M.D. AT	Med.  Director	Stoll Phys.	May 6, 1967
	23C. PHYSICIANS NAME (Type				23D. ADDRESS		0
24	BURIAL CREMA			M.D.	Z431 Maryia		wn, or county) (State)
E	NTOH bME	El. I.	7 60	rraine Pl	K. Mauscleum	Baltok	14.
-	DATE REC'D BY		25B, NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	29/	ADDRESS
1	M/	Y I 0 1967	R. Par Py	E Fallenns	osek	1 Tinnana	- N. Consline
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	BIRTH	NO.

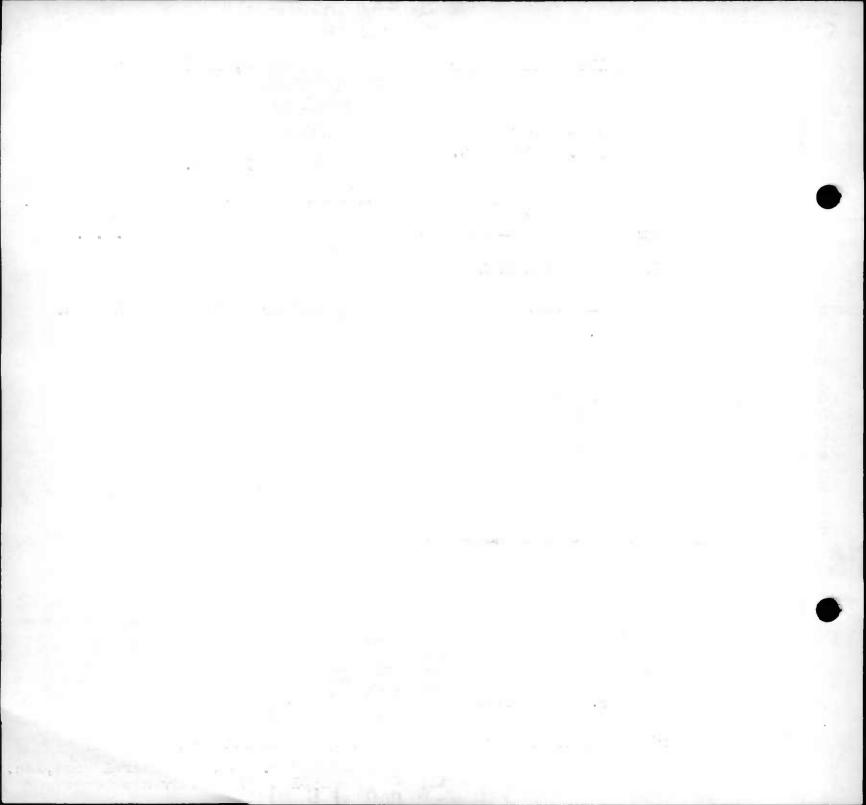
BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICAT	E OF D	EATH Register	ed No	
M.E. CASE NO.								
1. NAME OF DECEASE (Type or Print)	A DCLIFFE	ALFRE	GARDNEI		May	7, 1967		1:20 A
ELLI MANAGO E (IE MOT IN HOCRITAL OR INSTITUTION CIVE STREET				A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
INSTITUTION				Balt	timore		5	2-00
8 Universi	ty Hospita	1		D. STREET ADDR	Bishop			
5. SEX 6. RA	Negro	7. MARRIED, WIDOWED, IDIVOR	NEVER MARRIED DIVORCED(specify) *Ced	8. DATE OF BIRTH	1	9. AGE (In years lost birthday) 52		1 Yr. If Under 24 Hrs. Doys Hours Min.
Truck drive	life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	Balto.	Md.		12. CITIZI WHA	EN OF T COUNTRY?
John Gard				Ollie	Banks			
15. WAS DECEASED EV (Yes, no or unknown) (If ye	s, give war or date:		16. SO CIAL SECURITY NO.	17. INFORMANT	2 2 2 2 2	700 54 -	ADDRESS	
yes W	1. W. 2		216-10-5877	Ollie (	f. Graj	7 300 Bis	nop	NTERVAL BETWEEN
(This does not me heart foilure, asthiniury or complication of the provided in the complex of th	R CONDITION DISTINGT TO DEATH eon the mode of enio, etc. It meons from which coused of the couse (A) ST ON DITION LAST.  II ANT CONDITIONS FH BUT NOT REL NOT THE CONDITION CAUSING RATION 119B. CON	dying, e.g., the discose, death,)  NY, GIVING ATING THE  CONTRIBUTIN A TED TO T	(B) DUE TO (C)	ot Wound o		OB. IF YES, WERE FIN	DINGS C	ONSIDERED
V 21A, EXTERNAL CA	WAS PERI USE WAS CONTRIB-	ORMED 21B.	PLACE OF INJURY (e.g., i form, foctory, street, o	Yes in or obout 21C. W ffice bldg., INJURY	HERE DID (IF	N CERTIFYING CAUSE	e exoct lo	Yes
21D TIME (Mo	nth) (Doy) (Year	Hour) 2	E. INJURY OCCURRED	21 F. HC	N DID INJUR	-		1.
(APPROX.) 5	7 167	A m. V	VHILE AT NOT YORK AT W	ORK Sho	ot durin	g altercati	on.	
resulted f  ACTUAL SIGNATURE EXAMINER'S NAME (Type	) Charl		ccident Suicide	Homicia CHIEF MI	de X Ur EDICAL EXA	MINER		DATE SIGNED 5/7/67
23A. BURIAL CREMATION (Specify) Burial	May 11		Balto. Nati		23D. LO Bal	to. Md.	town, or o	county) (State)
24A. DATE REC'D BY H	1 0 1967	24B. NAME	OF REGISTRAR	9/11/16	and Till	ues al Hom	9 3	1971 July seeding
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BIRTH NO. MEDICAL EXAMINER'S C	
M.E. CASE NO.	
1. NAME OF DECEASED   Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WILLIAM H. KIRKWOOD	5-8-67 1:45 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Ilf outside corporate limits, write BURAL and give township)
and the N	Baltimore /
MARYLAND GENERAL HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion)
90	2912 Violet Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDSWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months   Doys   Hours   Min.
Male Colored Married	July 10, 1909 59
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY WEST HELACE (Stote of Greign country)  12. CITIZEN OF WHAT COUNTRY?
doomare	Jocoms Re Maylacary
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Colvaid A. Pirevord	Collinar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SEÇURITY NO.	17. INFORMANT ADDRESS
21/29-1247	powery Kertwood 2912 9 what and
IIB. J. CALL	SE OF DEATH INTERVAL BETWEEN
7 00 1/1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	riosclerotic cardiovascular disease
(This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease,	toscierocic caratovascular disease
injury or complication which coused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	100
(C)	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- Vacatally lead and a second	No
UNDERLYING □OR CONTRIB- home, form, foctory, street,	office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	T WHILE
22.	
22. I certify that I held an Inquiry Inspection X A	ond that on this bosis, death in my apinion
22. I certify that I held an Inquiry Inspection X A	
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici	ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici	utapsy ond that on this basis, death in my apinion ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici	ond that on this basis, death in my apinion  ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER X
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici	ond that on this basis, death in my apinion  ide
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici ACTUAL SIGNATURE WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE (23C. NAME of GEMETERY)	ond that on this basis, death in my apinion  ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER X
22. I certify that I held an Inquiry Inspection X A resulted from: Natural causes X Accident Suici ACTUAL SIGNATURE WERNER U. SPITZ, M.D.	ond that on this basis, death in my apinion  ide
22. I certify that I held an Inquiry Inspection X A rosulted from: Natural Causes X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY COMMENTS.	ond that on this basis, death in my apinion  ide
22. I certify that I held an Inquiry Inspection X A rosulted from: Natural causes X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY PROVAL (Specify) 24B. NAME OF REGISTRAR	ond that on this bosis, death in my apinion  ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  D. ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  OF CREMATORY  23D. LOCATION  (City, town, or county)  Ward County  ADDRESS  ADDRESS
22. I certify that I held an Inquiry Inspection X A rosulted from: Natural Causes X Accident Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY COMMENTS.	ond that on this bosis, death in my apinion  ide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  D. ASSISTANT MEDICAL EXAMINER X  ASSOCIATE MEDICAL EXAMINER X  OF CREMATORY  23D. LOCATION  (City, town, or county)  (City, town, or county)

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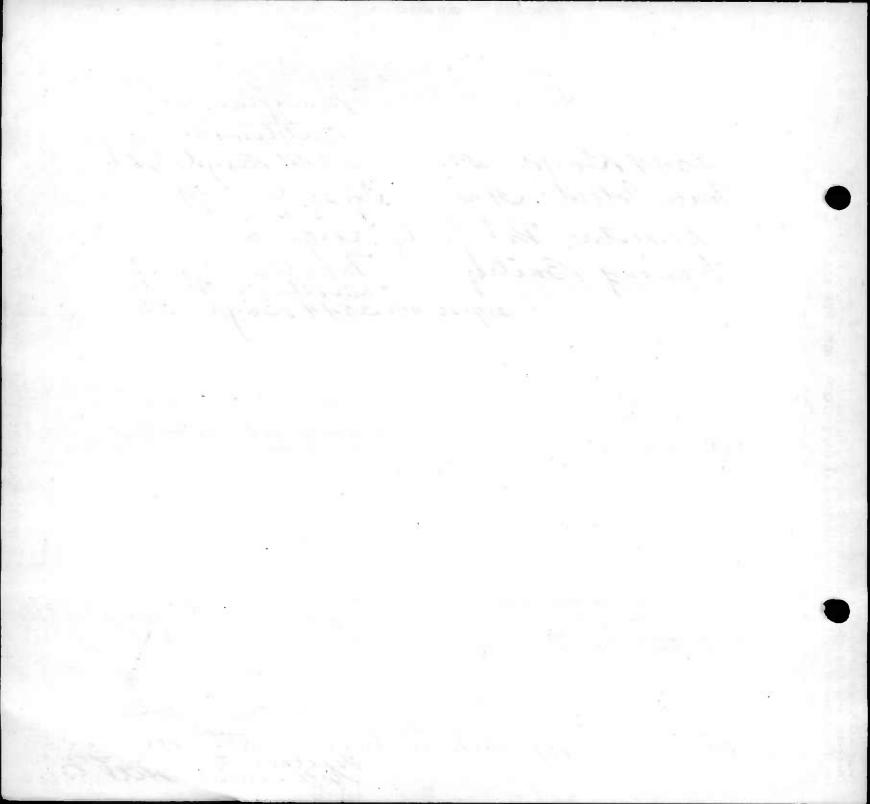


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67 4584		HEALTH DEPARTMENT	Book and the	67	4584
BIRTH NO.  M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	0 0,	
1, NAME OF DECEASED (Type or Print)			HOUR OF DEATH		
Pennix, Gertrude Sc	hool	May 9	, 1967	titution: maidence	2:30 a
TEACL OF BLAIR IN BALLIMORE MARIENED		A. STATE B. COUNT	f	monon; residence	perote dolla \$ \$10
FULL NAME OF (If not in hospitot or institution, gr HOSPITAL OR oddress or location)	ve street	Maryland c. CITY OR TOWN (If outsi	de city limits, write R	URAL and give, to	wnship)
Provident Hospital	Inc.	Baltimore		18	1.05
3 / 1514 Division Street	t	1102 North Stri	rol, give locotion) cker Street		
SEX 6. RACE 7. MARRIED, N. WIDOWED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 9,	AGE (In years st birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 Hr Hours Min.
Female Negro Widower OA, USUAL OCCUPATION (Give kind of work) 108, KIND OF	3	Sept 12, 1884	82		
OA, USUAL OCCUPATION(Give kind of work 10B, KIND OF I one during mast of working life, even if refired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COU	NTRY?
Housewife		Virginia		U.S.	A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E		
John School		Rose Johnson			
b. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) ((If yes, give wor ar dates of service)	6. SOCIAL SECURITY NO.	Rose Johnson		ADDRE	SS
, , , , , , , , , , , , , , , , , , , ,	JEGORITI NO.	Mrs. Ruth Cox (	grand. daug	hter) Sam	e
18.	CAUSE OF	DEATH			L BETWEEN
DISEASE OR CONDITION DIRECTLY		1	~	ONSET	AND DEATH
LEADING TO DEATH	(A) CU	and Oarer	urn	7 Cera	ux
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	denocaren Jem tomilis	/		//
injury or complication which caused death.)	(8)	our tombes			U
ANTECEDENT CAUSES	DUE TO	/ .	10		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(c) Ct	mone C	leer		
UNDERLYING CONDITION last.	/	· · · · · · · · · · · · · · · · · · ·			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE F	INDINGS CONSID	DERED
WAS PERFORMED		Yes	IN CERTIFYING CAL		
121A, ACCIDENT WAS UNDERLYING 121B. F	PLACE OF INJURY (e.g., in , form, foctory, street, of	or about 21 C. WHERE DID	(If in Baltimore	City, give exact I	location)
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUP?		
OF INJURY	At Not While				
Work			67	0	67
22. I certify that (I) (this haspital) attended the		-			
that (I) (we) last sow the deceased alive on		*	t in (my) (our) opin	ion deoth occu	rred on the de
ond haur and from the couses stated above. (1)	(We) (did) (did not) v	iew the body ofter deoth.		Tono BATT SIGN	
23A. SIGNATURE Pale 20	M.D. Atte	nding Med. S	toff 🌫	23 B. DATE SIGNE	U
4	Phys		toff hys.	5/9/67	
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS			
44 0004	M.D.	1514 Division S		o., Md.#2	1217
4A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY or CRE	MATORY 24D. LO	CATION Cit	y, town, or county	(Stote)
Burial 5/13/67 Mt	Auburn Come	tary Bal	to., Md.	ADI	DRESS
MAY 1 0 1967 R. P. S	E starberge	Wm C March	928 E. N	orth Ave	

Surfording Everyne Liers Paulo IMPORTANT

FUNERAL DIRECTOR:



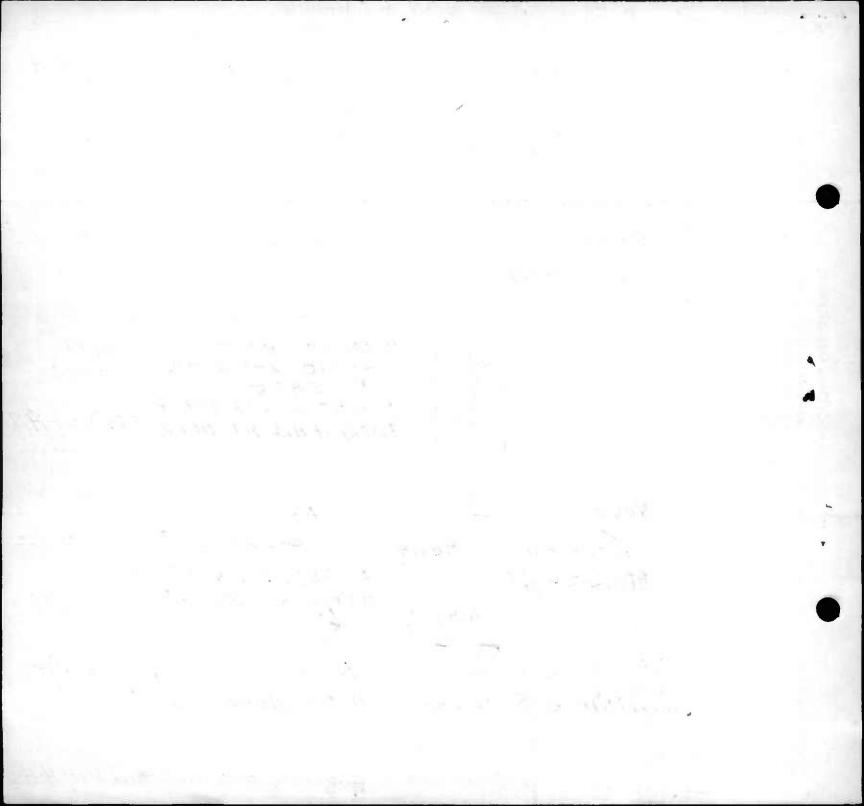
-	CM ATOO	BALTIMORE CITY	HEALTH DEPARTMENT	1	
	BIRTH NO. 67 4586	CERTIFICAT	TE OF DEATH	Registered Na.	67 4586
	M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	(Type or Print) GEORE Minh	aul Tonke	NS 5-	8-67	7 P. M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B, COUNT	deceosed lived. If insti	tution: residence before admission)
	CERTIFICALE AME	NDLD	Md		Balle
	HOSPITAL OR oddress or locotion)	6-6-67	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give township)
			BALtimo	RC. Q	13-00
	12 SINAL			rol, give location)	
ė	70			am wood	DR
mad		DIVORCED (specify)		AGE (In years	onths Doys Hours Min.
IS	MALE White MAK	Ried	3-24-1913-	5453	
	IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working fife, even if retired)	JUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Ĕ	SAles MANAGER		WISCONSIN		U.SA.
isposition	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E	
isp	Emil TONKENS		UNKNOWN		
о —	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL 1	7. INFORMANT		ADDRESS
fina	No	17-68-9792	Alica STU	Lu- Con	ne
or f	18.//-50-/1	CAUSE OF	DEATH	CN SAI	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Co	1 " 0		ONSET AND DEATH
E	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Ca	idio-les	minon	taling
balmed	heart foilure, osthenio, etc. It means the diseose,	DUE TO	Myreard	Cal IN F	Fraction
me	injury or complication which coused death.)  ANTECEDENT CAUSES	(B)	20	manie	1
0	DISEASES OR CONDITIONS, if ony, giving	DUE TO	**************************************		
0	lise to the above cause (A) stating the	(C) CE	turreles	ter CU	
remains	UNDERLYING CONDITION last.				
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	U 19A DATE OF OPERATION 198 CONDITION FOR WE	TICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
	ER				
before	OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in lorm, foctory, street, office	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
	DEATH (notify medical examiner)				
ained	S OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(A PPROX.) While Work	At Not While At Work			20
opt	22. I certify that (1) (this hospital) attended the	deceosed fram	73 5 19	60 10 M	3 0 196)
pe	that (1) (we) last saw the deceased olive on	May B	19 6 7 ond that	in(my) (our) opini	on death accurred an the date
	and hour and fram the causes stated above. (1)	(We) (did) (did nat) vii	ew the body after deoth.		
must	23A. SIGNATURE				3B. DATE SIGNED
	Milland Coprefeet	M.D. Attend		toff hy s.	
0	23C. PHYSICIAN'S NAME (Type)	23	D. ADDRESS		^
approval	Willand Applie	E-20 M.D.	550, Vark	(tegets	1 -
	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	AE OI CEMETERY OF CREM	MATORY 24D. LO	CATION (City,	town, or county) (State)
ter	BURIAL 5-11-67 WOO	dLAWN Com	DETERU BAL	timer.	Md
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	h	ADDRESS
3	MAY 1 1 1967 (7.2. 6	E STORKUMA	Ballswarth &	RMACOST -	4600LIB Hohts
	VS 150-96V 1/1/65	1 1 5 1			

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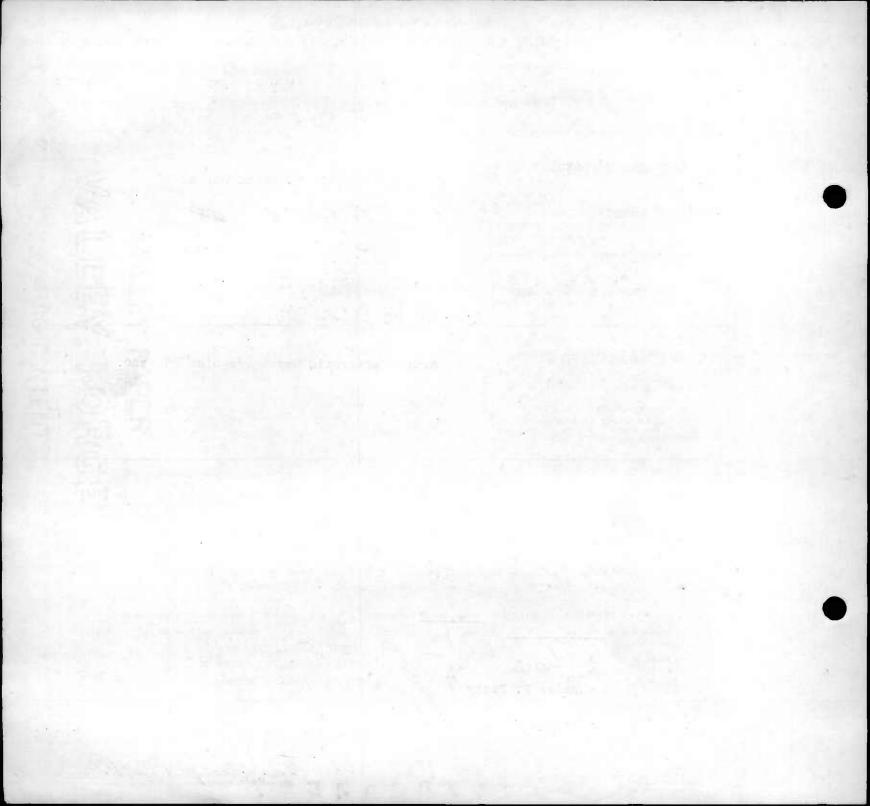
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

BIR	TH NO.	4000	MEDIC	AL EX	AMINER'S C	<b>ERTIF</b>	ICATE OF D	DEATH Registe	re Ng	4588
M,	E CASE NO.									
	NAME OF DE	CEASED		,			2, DATE AND	HOUR PRONOUNC	ED DEAD	
(1y	pe or Print)		JOHN	H.	DORSE	Y	May 6	, 1967		11:55 A
3.	PLACE IN BAL	TIMORE, MAR	YLAND, WHER	E PRONOUI	NCED DEAD	4. USUA A. STAT	RESIDENCE (Where	decoosed lived, If inst B. COL	itution: roside	enco beforo odmission)
FU	LL NAME OF	(IF NOT I	N HOSPITAL	OR INSTITU	TION, GIVE STREET	C. CITY	OR TOWN (If outside	comorate limits write	o PIIPAL on	d give township)
INS	SPITAL OR	ADDRESS	OR LOCATIO	N)		, ciii			, KOKAL OII	1/- A
	-						Baltimore			10-00
-1	Luthe	eran Hos	pital			D. STREE	T ADDRESS (If rurol,	give location)		
						1	820 N. Mou	int Street		
5. :	EX	6. RACE			NEVER MARRIED NVORCED(specify)	B. DATE	OF BIRTH	9. AGE (In yours		1 Yr. If Under 24 Hrs. Doys   Hours   Min.
	Male	Negro	W.	M	A DE A	8-	19-1898	18	1010111113	110013
104	USUAL OCC	UPATION (Give	kind of work 106	KIND OF	BUSINESS OR INDUSTR	YII. BIRTH	PLACE (State or foreign	n country)	12. CITIZE	N OF
	e during post of					R	note.	omo		COUNTRY?
13	FATHER'S NAM	arer				14 MOTH	IER'S MAIDEN NAME	1100		
134	I A I I EK 3 I I A		10	en.		A	- O			
		Josep	en a	ans	ley	NO	usey Th	ummer		
15.	WAS DECEASE s, no or unknown	ED EVER IN D	S. ARMED FO	RCES?	SECURITY NO.	17. INFOR	MANT		ADDRESS	
	1/1	, , , , , , , ,			218-03-9432	1.10	1 - Day	1	Son	ul
	118.	4				OF DEA	THE TO THE	uy 1		INTERVAL BETWEEN
	42	2// 1			CAUS	OF DEA	in	0		ONSET AND DEATH
	DISEA	SE OR COND	DITION DIREC	TLY		-		11 D		
	(This does			ing. e.g.	(A) Arteri	osclei	cotic Cardio	vascular Di	sease.	•••••••••••••
	heart failure	not meon the , osthenio, otc. mplication which	. It means the	diseoso,	DOE 10				7.02	
		ANTECEDENT			(R)					
		OR CONDITI			DUE TO					0 00 00 0 0 00 00 0 00 0 00 00 00 00 00
		NG CONDITION								
NO.					(C)					
Ě	071150 510	II		ALTRIDICTIAL						
Q		DEATH BUT								
분		R CONDITION			100 m 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**				
CERTIFICATION	19A. DATE OF	FOPERATION	WAS PERFOR		HICH OPERATION	20A. A	NO	20B. IF YES, WERE FI		
₹		L CAUSE WA		218. P	LACE OF INJURY (o.g.,	in or obou	21C. WHERE DID	If in Boltimore City, gi	ve exact loc	cotion)
MEDICAL		OR CONTRIB		otc.)	lorm, foctory, street,	office bidg.	INJURY OCCUR?			
Σ	21 D TIME	(Month) (D	Poy) (Year)	(Hour) 21	E. INJURY OCCURRED		21F, HOW DID INJU	RY OCCUR?		
	OF INJURY (APPROX.)		7, 11000			WHILE				
				m. W		ORK				
	22.	tify that I he	eld on Inqu	iry 🗌	Inspection X Au	tapsy	and that an thi	s basis, death In r	ny apinlan	
					7					
	resu	Ited fram: N	atural cause	S A	ccident Suicio		Homicide U		er	
	ACTUA		0/		1/-		IEF MEDICAL EX			DATE SIGNED
	SIGNAT		ha	el.	Celly M.D	ASSIST.	ANT MEDICAL EX	AMINER X		
	EXAMIN NAME (	NER'S	Charles	S. Pet	h	-	ATE MEDICAL EX			5/7/67
	BURIAL CRE	MATION, 23	B. DATE	23 C	. NAME OF CEMETERY	or CREMAT	ORY 23D. LC	OCATION (City	, town, or co	ounty) (Stole)
RE	MOVAL (Specif	x) /	-/11/1	07/	2.11-	h-0	01 8	1.		ml
0	Dure	al E	11016	///	Mulus 1	Mem	. Th. Da	elemone	_	1118.
24	A. DATE REC'D	MAY	1 1967 <sup>2</sup>	4B. NAME C	OF REGISTRAR	24C.	FUNERAL DIRECTOR	1 11:00	Al	DORESS



Such

to death.

7				
	BALTIMO	RE CITY	HEALTH	DEPARTMENT

1	H NO. 67 458	39	CERTIFICA	TE OF DEATH	Registered No.	67 4589		
	AME OF DECEASED			2. DATE AND	D HOUR OF DEATH			
(Тур	e ar Print)	111-1	1 1	11	149 6	7 5:50 0		
2 5	LACE OF DEATH IN BALTIMOR	DE AAA BYLAND	phy TI	747	7 0	M.		
J. F	LACE OF DEATH IN BALTIMOR	E MARILAND		A. STATE B. COUNT	Y deceased lived. If install	ution: residence before odmissian)		
				11-11				
	ULL NAME OF (If not in ho IOSPITAL OR oddress or	aspitol or institutian, g tocotion)	ive street	Mary 1917				
	VSTITUTION	10 00 110 111	,	C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship)				
11			. /	Daltin	016	14-02		
4	/	Cours	C// +		urol, give location)	1100		
14	Jon Je	COUTS	TY0501161	2 / 1/	111. 1	64.00-		
				$\times/7$ //	1110UnT	JIree/		
5. S	EX 6. RACE		NEVER MARRIED		, AGE (In years	II Under 1 Yr. If Under 24 Hrs. Norths Days Hours Min.		
1	Male Nonn	WIDOWED,	DIVORCED (specify)	2 21 77	ast birthdoy)	Nonths Days Hours Min.		
14	1916 196916		VVIdowed	0-01-01	00			
	USUAL OCCUPATION (Give kind during most of working life, even if r		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fareig	In Country)	12. CITIZEN OF WHAT COUNTRY?		
one	during most or working tire, even if r	erired)			*	III COUNTRIE		
	Ketired			Ge0+91	9	United Ofate		
3. [	ATHERS NAME			14. MOTHER'S MAIDEN NAM				
	11	1-1		1/1				
	John Fal	' Y		Unknov	VM			
5. V	Vas Deceased Ever in U. S. Arm	yed Forces?	1 6, SOCIAL	17. INFORMANT	Dough	ADDRESS		
es	,no or unknown) (II yes, give wor		SECURITY NO.	11 011	100099	101		
			267-14-1078	11/15 / 61/03	ter toll	214N Mod		
	18.//		CAUSE O	F DEATH		INTERVAL BETWEEN		
	7-04					ONSET AND DEATH		
- 1	DISEASE OR CONDITIO		1 1		-1	<b>3</b>		
	LEADING TO D	EATH	(A) Claus	E myo card 1	mares	Lay		
1	(This does not mean the mo		DUE TO	7	7	3		
- {	heort failure, asthenio, etc. It							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
	ANTECEDENT CA	AUSES	(B)	*********************************				
	DISEASES OR CONDITIONS	if any aivina	001 10					
	rise to the above cause		(C)					
	UNDERLYING CONDITION IO		***************************************					
-								
_	II .							
UNDERLYING CONDITION lost.    UNDERLYING CONDITION lost.   UNDERLYING CONDITIO								
TO THE DEATH BUT NOT RELATED TO THE								
		. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED		
=		AS PERFORMED		41-	IN CERTIFYING CAUS			
4		1		7	77			
- 1	21 A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF	ING 21 B	PLACE OF INJURY le.g., in	fice bldg., INJURY OCCUR?	(Min Boltimore C	ity, give exact location)		
₹	DEATH (notify medical examiner)		o, runn, recours, sinces, on	Jings, Indook! Octobs!				
U								
ш	2) D. TIME (Manth) (Doy) OF INJURY	(Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?			
٤	(APPROX.)		e At Not White					
		Work	k					
	22. I certify that (I) (this ha	spital) attended th	e deceased from	MAY 7 1	967 to 1	744 8 1967		
	that (1) (we) last saw the deceased alive on 100-7 8 1967 and that In(my) (our) opinion death occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE		7 (2.0) (0.0 101)	The state of the s	Li la	DAYS SIGNED		
	STATIONE CONTRACTOR	a			william i	B. DATE SIGNED		
	Elle	XXXX DE	M.D. Atte		Stalf Phys.	5/8/67		
-	23C PHYSICIAN'S	(			117 30 000	-/0/0/		
	23C. PHYSICIAN'S NAME (Type)	er a A		23D. ADDRESS		/ /		
	/\ PLAI	DIE A. M	ENPOZAM.D.					
	Bulgial Chessas Tour Tour	TP Income	110 ( 0011000000 0000000000000000000000					
.4A	BURIAL CREMATION, 24B. DA	24C.NA	ME of CEMETERY or CRE	MAIORT 240. 10	CATION (City.	town, or county! (State)		
	/		11 1 - 11	1 .14		/ /		

3 25A. DATE RECED BY HEALTH DEPT. 258 NAME OF REGISTRAK

FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

310) H-114

CERTIFICATION

written

Such

death.

LO

and

IFICATE OF DEAT	H Registered No.	67	4590

BIRTH NO. 67 4330 CERTIFIC	CERTIFICATE OF DEATH Registered No. 67 4530			
T.NAME OF DECEASED (Type or Print)  CI) DIE MOORE	2. DATE AND HOUR OF DEATH  8 MAY 1967 4 15 A.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE B, COUNTY  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
3 University Wasfital	D. STREET ADDRESS (If rurol, give location) 1408 2 MAD NON AVE			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr    lost birthday   Months   Days   Hours   Min.			

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 00

13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (It yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. ADDRESS 7. INFORMANT Book

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY INtaccino a LEADING TO DEATH MYUCOLDIAL (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) CCIERIAL CMAOL ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving CUIDIOVENCOSO to the above cause (A) stating the

UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

MEDICAL OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) ottended the deceased from that (1) (we) lost sow the deceased alive on

and that in (my) (our) opinion death occurred on the date ond hour ond from the causes stated above. (I) (We) (did) (did nat) view the body ofter death.

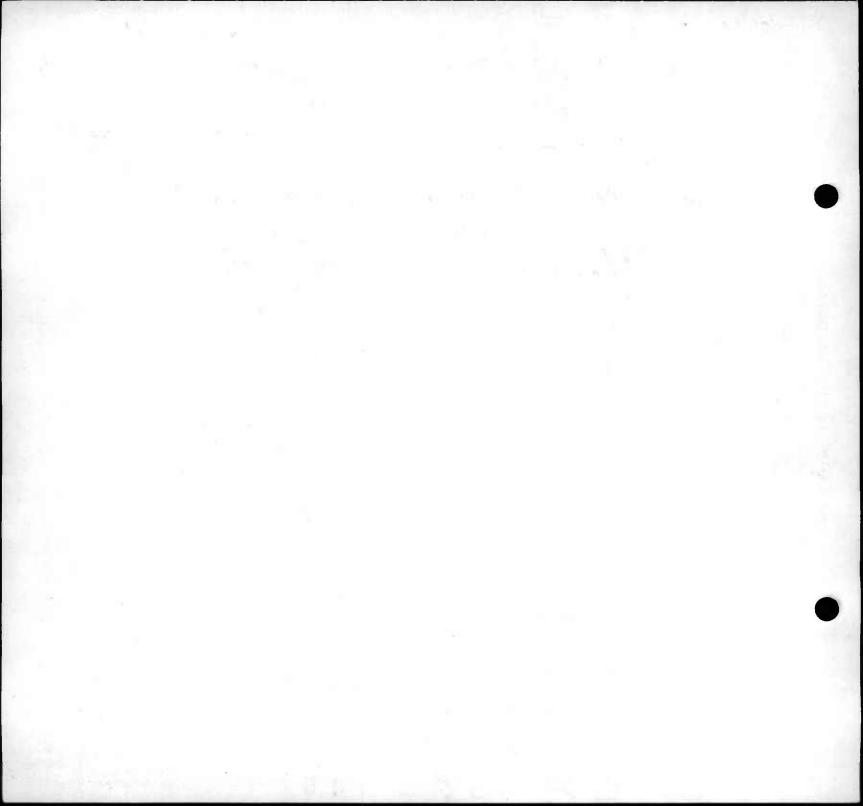
23A-SIGNATURE 23B. DATE SIGNED M.D. Attending Med.

Phys. Director 23 CPHYSICIAN'S NAME (Type) 23D. ADDRESS

NO S/ USIANN ENZEL

24A. BURIAL CREMATION. DAT or CREMATORY (City, town, or county) RENTOVAL (Specify) 25A. DATE REC'D BY DEPT. OF REGISTRAP 250 FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65



OF	7 4504	BALT	IMORE CITY H	HEALTH DEPARTA	MENT	. /	67	4591
BIKIN NO.	7 4591	CER	RTIFICAT	E OF DEA	ATH	Registred Na		1001
M.E. CASE NO.  1. NAME OF DECEA (Type or Print)	CORSYTH .	ROBERT	WILL	1AM 2.	MAH	OUR OF DEATH	967	450Am.
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol or instooddress or location)	MEND	$\mathbb{E}\mathbf{D}_{67} \parallel$	4. USUAL RESIDEN A. STATE MIT A C. CITY OR TOWN	B. COUNTY	TND		e township)
	MEMOR	IAL HO	SPITAL	D. STREET ADDRES	S (If ruro	NORE give location)  FLL AV	F	33-00
		ARRIED, NEVER MA	D (specify)	DATE OF BIRTH	9. 4	GE (In years birthday)	If Under 1 Y Months Day	
done during more of you	ATION (Give kind of work 10B. K	LIND OF BUSINESS	ist low	A Tex	as,	med.		OF COUNTRY? VERICIAN
13. FATHERS NAME ROBE	ERT FOR	SYTH		CHRI		VE MA	MER	
(Yes, no or unknown) (I	ver in U. S. Armed Forces? I yes, give wor or dotes of s	service) 16. SOCIAL SECURI	TY NO. 6-2885	MAS. Flo	rence	Berenice	Torsu	th. 8 Kraso
	OR CONDITION DIRECTLEADING TO DEATH	γ	CAUSE OF	L MONA	REL	EMA	ONS	Itours
heart failure, as injury ar campl	mean the mode of dying sthenia, etc. It means the d ication which caused death	disease,	DUE TO	CARD	14L	NTARCT	TON	2-3 days
DISEASES OR	NTECEDENT CAUSES  CONDITIONS, if any, above couse (A) stalin CONDITION last,			TERIO				7 YEARS
TO THE DEA	II CANT CONDITIONS CONTRATH BUT NOT RELATED ONDITION CAUSING IT.			RO V	IEN	CY		YEAR
19A. DATE OF O	PERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPE ED	RATION	20A. AUTOPSY?	Yes or No) 2	B. IF YES, WERE F	USES OF DEA	NSIDERED TH?
U 21A. ACCIDENT	WAS UNDERLYING DATE OF CAUSE OF DEDICATION (CAUSE OF DEDICATION OF CAUSE OF DEDICATION OF CAUSE OF CAU	21B. PLACE OF home, lorm, foc etc.)	INJURY (e.g., in tory, street, offic	or about 21 C. WHEI	RE DID C CU R?	(If in Boltimore	City, give ex-	oct location)
OF INJURY (APPROX.)	Month) (Doy) (Year) (Ho	While At Work	Not While At Work		DID INJURY	OCCUR?		
	nat (I) (this hospital) atte			5-5		n(my) (our) opii		19 67.
and hour and f	TOTTOFU	RISIORN	(did not) vie		S to		23B. DATE SI	
23 C. PHYSICIAN NAME (Type	FRITIOFUR	BIOSHSSON	22 pa.D.	D. ADDRESS	MONGHER	MEMORIA	12H25P	1667 105P17A
24A. BURIAL CREMA REMOVAL (Spe DUMAL) 25A. DATE REC'D B	Mull 9 1963	VALUE OF REGISTRA	R. Iluo	MATORY MILES	24D. LOCA	Cegrille	ly fown, or co	unty) (Stole)
VS 150-REV. 1/1/65	INI T T 1301 (1)	man C.	B	mank	076	rewell	fick	ervilles

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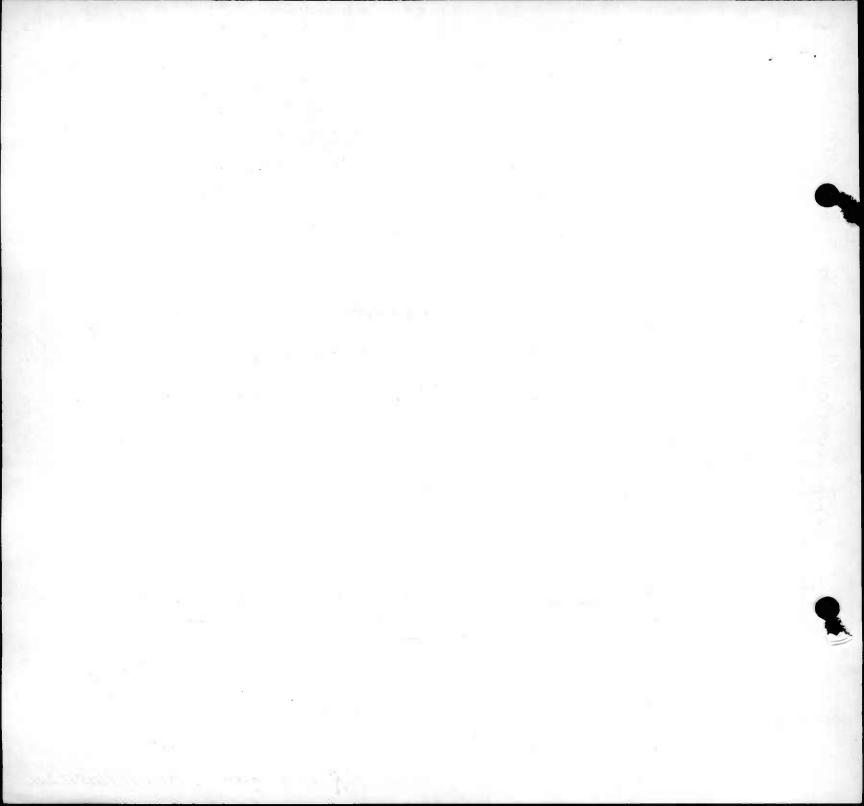
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25B. NAME OF 25A, DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY HEALTH DEPARTMENT
BIRTH NO. 67 4593 CERTIFIC	CATE OF DEATH Registered No. 67 4593
1. NAME OF DECEASED Paul	2. DATE AND HOUR OF DEATH
LUDWIG CALVIN	5-9-67 19.20 PN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion)	MARYLAND U.S.A
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  26-07
7.7.	D CTREET ADDRESS (III and a local as
NORTH CHARLES GENERAL HOSPITAL	HAOL VALLEY VIEW AVE 21206
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MARRIED  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	
done during most of working life, even if retired)	WHAT COUNTRY?
MECHANIC	MARYLAND W.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK LUDWIG	EMMA KOEBLER
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 215-05-172	NORTH CHARLES GENERAL HOSPITAL
18. 420,/1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1
(This does not mean the made of dying, e.g., DUE TO	ACUTE MY OCARDIAL INFARETION & hours.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B) /4 y	PERTENSIVE CARDIOVASCULAR  DISEASE
DISEASES OR CONDITIONS, if any, giving	DISEASE
rise to the above cause (A) slating the (C)	
II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF PEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e	e.g., in or obout 21 C. WHIRE DID (If in Boltimore City, give exact tocotion)
▼ DEATH (notily medical examiner) etc.)	e.g., in or about 21 C. WHIRE DID (If in Boltimore City, give exact facation)
Q 21 D. TIME (Month) (Dov) (Year) (Hour) 21 F. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While
Work L At V	Nork - 9- 1967 to 9.20 P.M. 5-9-1967
22. I certify that (1) (this haspital) attended the deceased from	
	and that the till a primate about a contract and the car
and haur and from the causes stated above. (1) (We) (did) (did no	
Chanthana Suddhirmondala M.D.	Attending Med. Stoft Sto
23C. PHYSICIAN'S	Attending Med. Stoff Phys. 5 - 9-67    23 D. ADDRESS
NAME (Type)	M.D. 5002 FRANKFORD AVE. 21206 BALTO. MS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 5/13/67. Parkwood Ceme	tery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAY 1 1 1967 Obligation & Jankeyma	Leonard J. Ruck, Inc. Balto. Md. 21214
VS 150-REV. 1/1/65	7 7 7 6

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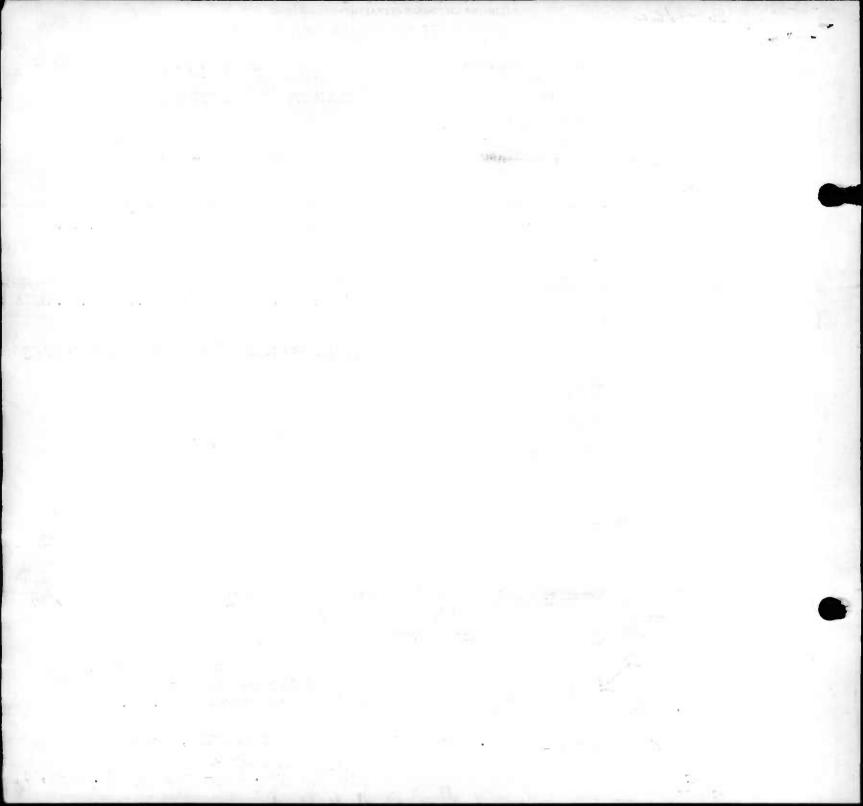
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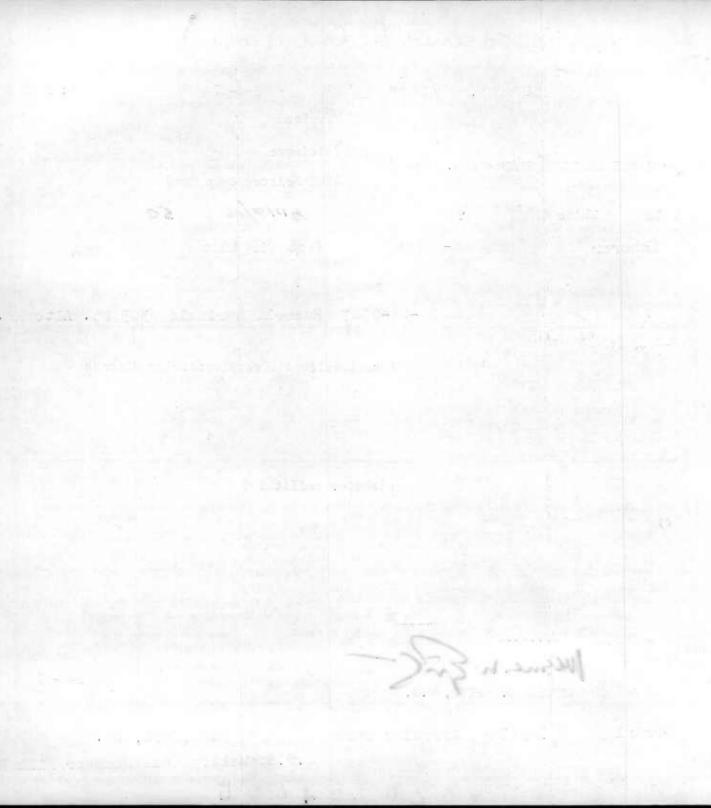
	BALTIMORE CITY	HEALTH DEPARTMENT	C7 4504
1	BIRTH NO. 67 4594 CERTIFICA	TE OF DEATH Registered No.	67 4594
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  2 ffie B. Lock wood	2. DATE AND HOUR OF DEATH	1/0:05 P M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	tion; residence before admission)
	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUR	
	37 Mercy Hospital	Baltimore 2	21214 2/-06
ó	3/	6111 Birchwood Av	renue
BBE	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	March 27, 1882. 9. AGE (In years lost birthdoy) 85	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
TION IS	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working lite, even if retired)  Housewife	11. BIRTHPLACE (Stote or foreign country)  Maryland	2. CITIZEN OF WHAT COUNTRY? USA
disposition	13. FATHER'S NAME William Bitzer	14. MOTHER'S MAIDEN NAME Frances Mon	row
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
8	No 212-28-7220D	Mrs. Helen B. Miller, 1316 La	fayette Ave.#7
ed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
E	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)		
E	ANTECEDENT CAUSES (8)		
ns are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	SCUP	yrs.
remains	II Urinary	troct intection,	
ren			
the	19A. DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
betore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	n or about 21C. WHERE DID (If in Boltimore Ci ffice bldg., INJURY OCCUR?	ty, give exact location)
ained	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work		
6	22. I certify that (I)(this haspital) attended the deceased fram	3/28 1967 10 5/	9 1967
pe o	that(1) (we) last saw the deceased alive an 5 1 4	19 6 7 and that in (any) (our) opinio	n death accurred an the date
	and haur and from the causes stated abave. (1) (We) (did) (did not)		
al must	Jours C. Grenzer Phy	ending Med. Stoff	5/10/67
approval	23C. PHYSICIAN'S NAME (Type) Louis E. Grenzer M.D.	Mercy Hospital	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. Pruid Ridge Ceme		town, or county) (State)
written	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Leonard J. Ruck Tro Bol	ADDRESS
>	MAY 1 1 1007 A 10 BAC FASTURE	Leonard J. Ruck, Inc. Bal	.to. Ma. 21214

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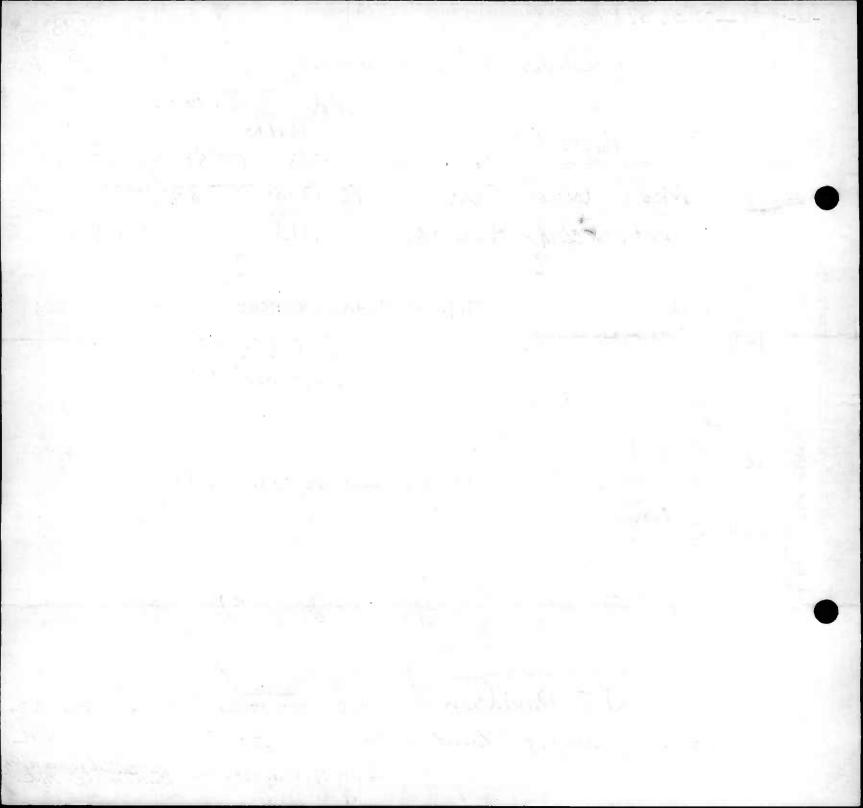
	NAME OF DEC	EASED	- 1-1		2. DATE AND HOUR PRONOUNCED DEAD					
		HAR		ROBINSON		5=8-67			3:25 PM M.	
		MORE, MARYLAND, V			Maryland	l	eceosed lived, If inst B. COL	YTNL		
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	Baltimor		corporate limits, write	e RURAL ond	F-3/	
6	4802 REI	STERSTOWN RO	OAD - Am	b. Crew #14	d. STREET ADDR					
	Male	White		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	, /	9. AGE (In years lost birthdoy)	Months, Do	Yr. II Under 24 Hrs. ys Hours Min.	
dor	Labor	orking life, even il retired)		of Business or Industr n- Shaw	West	Virgin:		US.	COUNTRY?	
	FATHER'S NAM	?			14. MOTHER'S, MA	AIDEN NAME				
		O EVER IN U.S. ARME (III yes, give wor or dot		16. SO CIAL SECURITY NO. 236-24-250	7. INFORMANT	ell Spr	inkle 630	o3 Mt.	Mito Rd.	
	heart failure, injury or com	LEADING TO DEAT of meon the mode of ostherio, etc. It meon application which coused	i dying, e.g., s the disease, death.)	DUE TO	cioscleroti	c cardio	ovascular (	disease	***************************************	
CATION	DISEASES ( RISE TO THI UNDERLYIN	ot meen the mode of ostherio, etc. It meen uplication which caused NTECEDENT CAUSION CONDITIONS, IF ABOVE CAUSE (A) SE CONDITION LAST.	I dying e.g., s the disease, death.)  ES  ANY, GIVING STATING THE	(B)			ovascular o	disease		
ERTIFIC	heod foilure, injury or com  A DISEASES ( RISE TO THI UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF	ot meen the mode of ostherno, etc. It meen uplication which caused NTECEIDENT CAUSIOR CONDITIONS, IF G CONDITION LAST.  II III CANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS THE CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSIN CONDITION (198, CONDITI	I dying e.g., s the disease, death.)  ES  ANY, GIVING STATING THE  CONTRIBUTI ELATED TO G IT.	(B)DUE TO (C)	etes melli	tus ? (Yes or No)  2(	ovascular (  OR. IF YES, WERE FIN CERTIFYING CAU	N DINGS CON		
AL CERTIFIC	A DISEASES CONTROL OF THE SIGN TO THE DISEASE OR	ot meen the mode of ostherio, etc. It meen uplication which coused NTECEDENT CAUSION CONDITIONS, IF ABOVE CAUSE (A) SIGNORY CONDITION LAST.  II IIIFICANT CONDITIONS IF CONDITION CAUSIN OPERATION 198, COWAS PECAUSE WAS OR CONTRIB-	I dying, e.g., s the discose, deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTI GIT, NDITION FOR REFORMED	(B) DUE TO  (C)  ING THE Diabe  WHICH OPERATION  PLACE OF INJURY (e.g., form, loctory, street, e.g., form, loctory, street,	etes melli	tus ? (Yes or No) 2(	OR. IF YES, WERE FI N CERTIFYING CAU	N DINGS CON SES OF DEAT	H?	
TIFIC	OTHER SIGN TO THE DISEASE OR T	ot meen the mode of ostherio, etc. It meen uplication which coused NTECEDENT CAUSION CONDITIONS, IF ABOVE CAUSE (A) SIGNORY CONDITION LAST.  II IIIFICANT CONDITIONS IF CONDITION CAUSIN OPERATION 198, COWAS PECAUSE WAS OR CONTRIB-	i dying, e.g., s the disease, deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTI ELATED TO G IT. NDITION FOR RFORMED  218, hometc.)	(B)	20A. AUTOPSY: No in or obout 21C. W	tus ? (Yes or No) 2(	OB. IF YES, WERE FIN CERTIFYING CAU	N DINGS CON SES OF DEAT	H?	
EDICAL CERTIFIC	OTHER SIGN	ostherio, etc. It mean ostherio, etc. It mean pilicotion which coused NTECEDENT CAUSI OR CONDITIONS, IF EABOVE CAUSE (A):  G CONDITION LAST.  IIIIIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN OPERATION 19B. COWAS PE  CAUSE WAS OR CONTRIB-SE OF DEATH.  (Month) (Doy) (Yellify that I held an med from: Notural causing the condition of the country	I dying e.g., s the disease, deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTI ELATED TO G IT. NDITION FOR RFORMED  218. home etc.)  Inquiry  Inquiry  Inquiry	ING THE  Diabe  WHICH OPERATION  PLACE OF INJURY (e.g., te, form, loctory, street, work)  21E. INJURY OCCURRED  WHILE AT NOT NOT AT V  Inspection X Au  Accident Suicid	20A. AUTOPSY:  NO in or obout 21C, W office bldg, INJURY  WHILE WORK  Jtapsy and de Hamici	tus  ? (Yes or No) 2/2  PHERE DID OCCUR?  DW DID INJUR  Is that an this de Un EDICAL EXA	OB. IF YES, WERE FIN CERTIFYING CAU in Bollimore City, gi IY OCCUR?  basis, death in radetermined mann MINER  MINER	NDINGS CON SES OF DEATI	H?	
MEDICAL CERTIFIC	OTHER SIGN	or meon the mode of osthernio, etc. It meon phicotion which coused it meon phicotion which coused it meon phicotion which coused it meon phicotion cause (A):  Grant Condition Last.  II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	S dying e.g., s the disease, deoth.)  ES  ANY, GIVING STATING THE  CONTRIBUTI ELATED TO G IT. NDITION FOR RFORMED  218. hom. Inquiry  Inquiry  U. SPIT	ING THE  Diabe  WHICH OPERATION  PLACE OF INJURY (e.g., te, form, loctory, street, work)  21E. INJURY OCCURRED  WHILE AT NOT NOT AT V  Inspection X Au  Accident Suicid	20A. AUTOPSY  NO in or obout 21C. W office bldg, INJURY  21F. HC WHILE WORK  CHIEF MI ASSOCIATE M or CREMATORY	YHERE DID (III OCCUR?  SW DID INJUR  I that an this de Un  EDICAL EXA  EDICAL EXA  EDICAL EXA	OB. IF YES, WERE FIN CERTIFYING CAU in Boltimore City, gi IY OCCUR?  basis, death in radetermined mann MINER  MINER  AMINER	NDINGS CON SES OF DEATI ive exact locat my apinion er  , town, or cour	DATE SIGNED 5-9-67  (Stote)	



H-	-541		67 4597 BALTIMORE CITY HEALTH DEPARTMENT	AFEDIN
	7007		CERTIFICATE OF DEATH Registered No.	4597
	f deatlecease on the Suc	1, N (Typ	LE CASE NO. NAME OF DECEASED THE OF PRINTING BY GORDON HAMILL 2, DATE AND HOUR OF DEATH THE OF PRINTING BY	2:35 Pm.
	9000		PLACE OF DEATH IN SATTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived, Il institution: reside A. STATE B. COUNTY	nce before odmission)
	cause cause use; (5) tendanc	l F	FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RURAL and give street oddress or location)	townshipi
	nig cau	4	D. STREET ADDRESS (If rurol, give location)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
_	ributi nined gular ed pr	5. S	SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 to the state of	Vi. If Under 24 Hrs.
P	oon erreerreerreerreerreerreerreerreerreer	102	MALE COLUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote of foreign country) 12, CITIZEN	OF
4	or condeter in december of the		ne-during most of working life, even if retired)	COUNTRY?
	direct or c direct or c ; (4) Undet th was in on the dec disposition	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
AN	istant he dir kind; ( death ce on nal dis	15. Yes	. Was Deceased Ey in U. S. Armed Forces?  as, no or unknown) (If yes, give wor or dotes all service)  SECURITY NO.  17. INFORMANT  AD	DRESS
DRT	t t t		VES WWIT \$15-09-7260 HOSPITAL RECORDS	ERVAL BETWEEN
MPORTAN	or his as Also, if e of any iounced attenda		DISEASE OR CONDITION DIRECTLY	SET AND DEATH
			(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
CTOR	fra ge		injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)	
DIREC	exc exc (3) / in w in s		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C) UNDERLYING CONDITION last.	
_	medical medical burns; physicia an was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
UNERA	dy dy	ERTIFICA	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CO	N SI DERED TH?
J	the all by (2) ere o ph	AL C	21A, ACCIDENT WAS UNDERLYING	oct locotion)
	nospii ature pt w (6) nined	MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) While At Work At Work	
	5 - × × r d		22. I certify that (I) (this haspital) attended the deceased fram.	19.67
	of of tall the tall t		that (I) (we) last saw the deceased alive an	ccurred an the date
	must be eleased to cident o hospita to death		23A. SIGNATURE  A.D. Attending Med. Stolf  Stolf  Stolf	B/67
	T P B B B B B B B B B B B B B B B B B B		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  A TO A T	GOEMA.
	certificate sody was /s: (1) An of D.O.A. at assed prio	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of co	ounty) (Stote)
	This certif the body shows: (1) was D.O.A deceased written ap	3	Burial 5/11/67 WOODLAWN BALTO. CO. Met.	ADDRESS
	This the backwas was dece		MAY 1 1901 ( 1900) C. Market T. 7. 1/4-1/40B 3123	ADDRESS DERICK RL
		V 5	150-REV. 1/1/65	

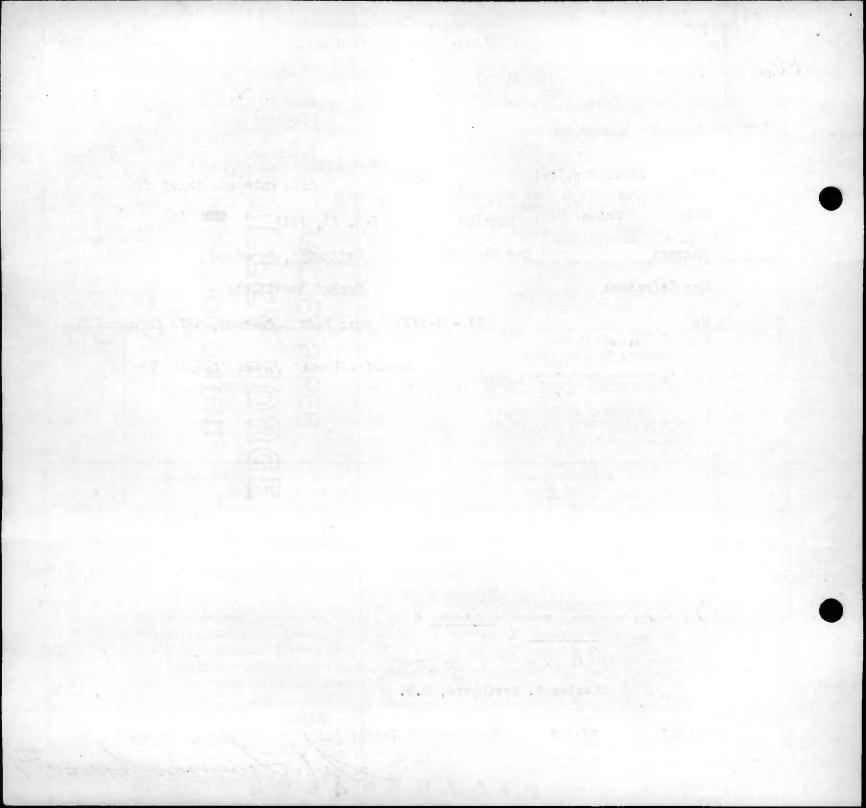
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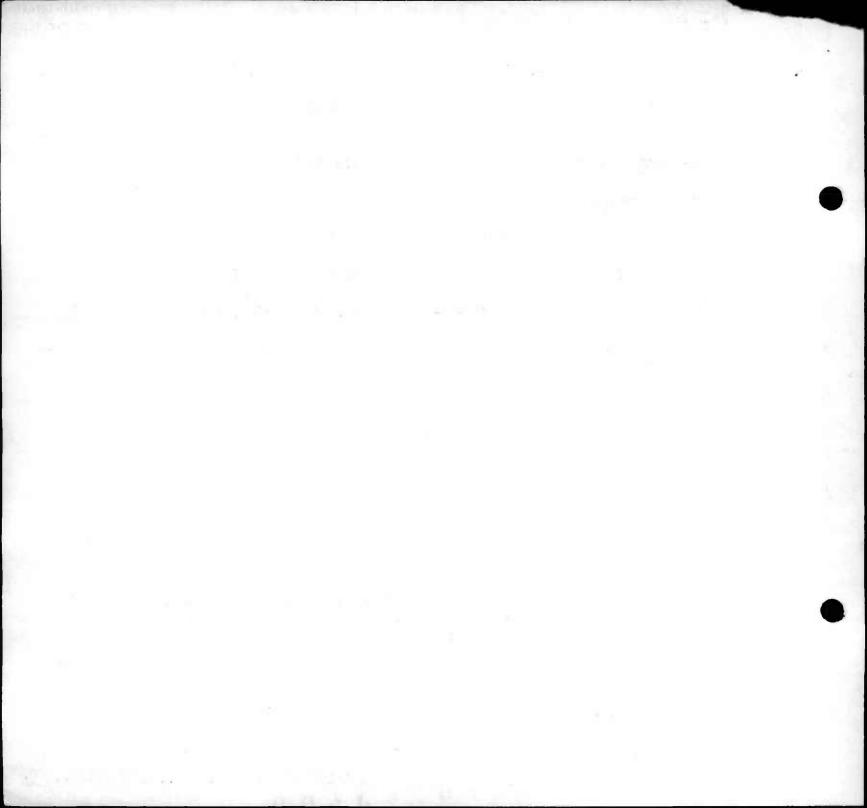
	0/ 40
4	BIRTH NO.
-4.11	M.E. CASE NO.

M.E. CASE N		CAL EX	CAMINER'S CI	ERTIFICAT	IE OF DEATH RASIN	ered No.			
1. NAME OF (Type or Print)	DECEASED BEI	BENJAMIN SII	V) LVERMAN	•	2. Date and Hour Pronoun May 8, 1967	9:43 A.M.			
3. PLACE IN I		AL OR INSTITU (TION)		4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission a. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)					
5. SEX / Male	6. RACE White	WIDOWED, I	NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTI	9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
	OCCUPATION (Give kind of world st of working life, even if retired)		ried Business or Industry	11. BIRTHPLACE	1911	12. CITIZEN OF WHAT COUNTRY?			
Manage		Dry C	leaning	Baltime 14. MOTHER'S M	ore Maryland	USA			
Max SA	LLUCTMAN EASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.		Swartzberg	ADDRESS			
No			216-03-8875	Mrs. Red	ta Silverman 6814	Chippewa Drive #9			
NOTHER TO THE	ANTECEDENT CAUSE: SES OR CONDITIONS, IF A DITHE ABOVE CAUSE (A) ST RLYING CONDITION LAST.  II SIGNIFICANT CONDITIONS HE DEATH BUT NOT REISE OR CONDITION CAUSING	CONTRIBUTING	(C)						
O 21A, EXTE		FORMED	PLACE OF INJURY (e.g., , form, foctory, street, o	No	? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CAI WHERE DID (If in Baltimore City,	USES OF DEATH?			
21 D TIME OF INJUR (APPROX.)	E (Month) (Doy) (Yeo	) (Hour) 2	TE. INJURY OCCURRED  WHILE AT NOT NORK AT W	WHILE	DW DID INJURY OCCUR?				
ACT SIGN EXA	TUAL SATURE	les.	Inspection X Autocident Suicident M.D.	e Homici CHIEF M ASSISTANT M	d that on this basis, death in de Undetermined man EDICAL EXAMINER X EDICAL EXAMINER X EDICAL EXAMINER				
23A. BURIAL	CREMATION, 238 DATE		C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (Cit	ty, town, or county) (State)			
Burial 24A. DATE RE	EC'D BY HEALTH DEPT.	248. NAME	of REGISTRAR	srael Ansh	Sard Rosedale, M	aryland			
10.10.	MAY 1 1 1967	Policel	E . James Line	Say	1. Levenso	no Snoot			
VS 151-REV.	1/1/65	1 9	6 / 0 0	0 4 8	0 0 0				

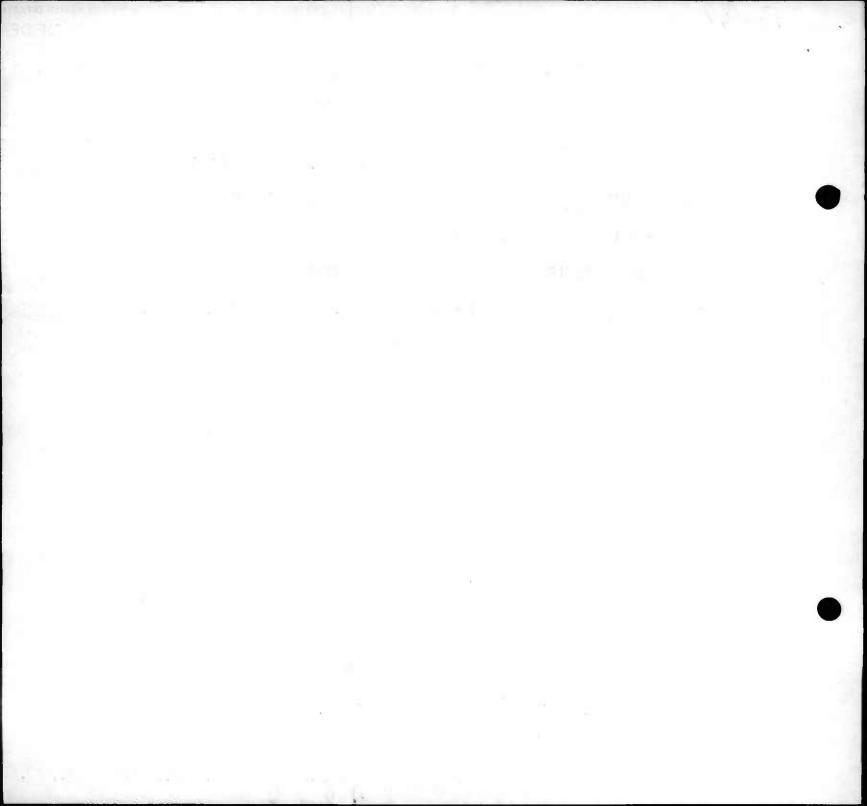


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M 244 CD 4000	BALTIMORE CITY	HEALTH DEPARTMENT		CP 4000
BIRTH NO. 67 4600 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 4600
1, NAME OF DECEASED (Type or Print)		2. DATE	AND HOUR OF DEATH	
SAMUEL B. MAZER	2	MAY	8. 1967	7:30 A. M. institution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	here deceased lived, If i	institution: residence before admission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or lacation) INSTITUTION	ve street	MARYLAND C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
00		BALTIMORE D. STREET ADDRESS	(If rurol, give location)	7/70
3313 DEVONSHIRE DRIVE		3313 DEVONSH	IRE DRIVE	
5. SEX 6. RACE 7. MARRIED, 1	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE MARK	DIVORCED (specify)		lost birthdoy)	Months; Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
OWNER REAL	ESTATE	RUSSIA	1 A A A P	USA
13. FAIHERS NAME		14. MOTHER'S MAIDEN N	IAME	
BENJAMIN MAZER		BRINA	?	
	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		1100 010111 11	1750 2212 0	EUNIOUTRE COTUE
NO 118.	109-05-9620	F DEATH	AZEK, 3313 VI	EVONSHIRE DRIVE
DISEASE OF CONDITION DIRECTLY	0/0	, DEATH	2	ONSET AND DEATH
LEADING TO DEATH	(4)	EL MA COUNTY	1 inel	6 months
(This daes not mean the mode of dying, e.g.,	DUE TO	7000	<u> </u>	
heart faifure, asthenia, etc. II means the disease, injury ar complication which caused death.)		V		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, giving	DUE TO			
rise to the abave couse (A) stoling the	(C)			
UNDERLYING CONDITION Iasi.	winning to the state of the sta	<del></del>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cardene.	Elenia -	aten,	3 dys
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 21B. F	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home etc.)	PLACE OF INJURY (e.g., i , lorm, foctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re City, give exoct locotion)
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. (	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	Not While	e		
Work			1	425 /6710
22. I certify that (I) (this hospital) attended the	huay 7 /		17 annonnes 14 annolitables	familian familian from 17
that (I) (we) lost saw the deceased olive on	Jeff (	19and	that in (my) (our) op	injon death occurred an the date
and hour and from the causes stated above. (1)	(We) (did not)	riew the body ofter death	h.	
23A. SIGNATURE Spr N Zeed	(e) M.D. Atte	ending Med.	Stoff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S		23D. ADDRESS	111/3.	
NAME (Type)	M.D.			
DR. JOSEPH ZIELER		2502 EUT AW		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NA!	ME of CEMETERY of CR	EMATORT 24D.	LOCATION	City, town, or county) (State)
BURIAL 5/8/67 (ANSI		AITZ CHAIM		MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF	REGISTRAR COMMA	25C. FUNERAL DIRECT		ADDRESS
MAI X 2 1307 (12/30/0	a language and	SOL LEVINSON	& BROS. INC	. 6010 REIST., RD.
VS 150-REV. 1/1/65	1000	4 / 0 -		

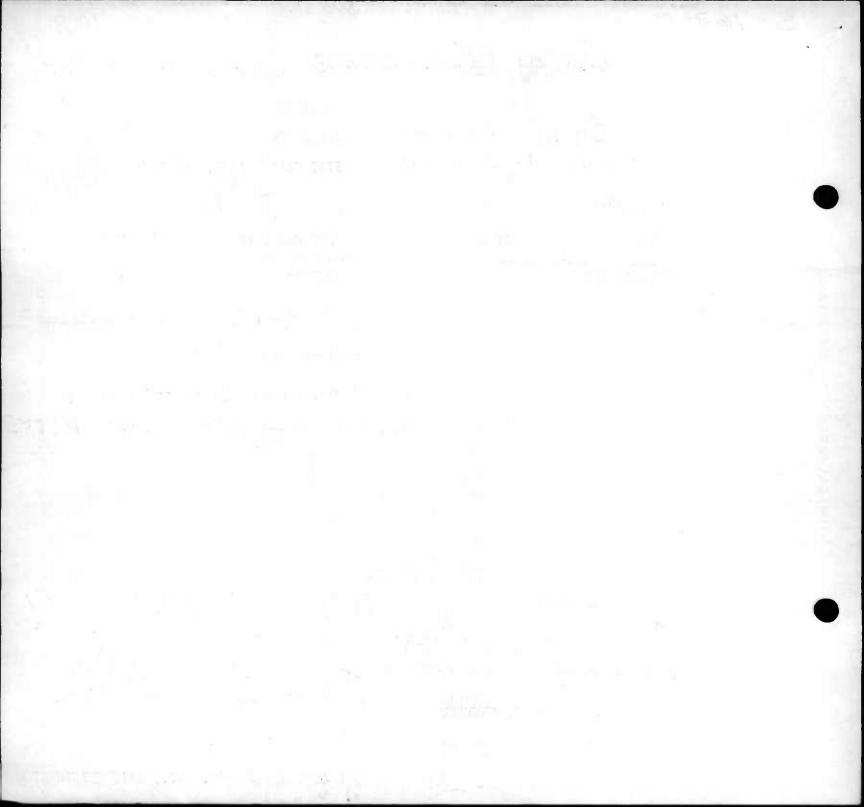


1/	/				BA	LTIMORE CIT	Y HEALTH	DEPARTMENT	T		67	4600
	TH NO. E. CASE NO.	67	460	1	CE	RTIFICA	ATE O	F DEATH	H F	Registered No.		4001
1. N	IAME OF DEC	CEASED						2. DATE	AND H	OUR OF DEATH	1	
	PLACE OF DE	ATH IN BAL	MORRIS	RYLAND	R	UDOLPH	4. USUA	L RESIDENCE	Where de	967 ceosed lived. If	institution: resid	3:17 A. M lence belore admission)
	FULL NAME (		ot in hospital ess or location		n, give street			YLAND		city limits, write	RURAL and a	ive township)
-	NSTITUTION						BAL	TIMORE				1-05
	ollunai i	IAUE AS	וח וואסמי	TII				T ADDRESS		give location)		
5, 5	CHURCH I	6. RACE	ID HUSP		D, NEVER M	APPIED	B. DATE	2 E. LOM		GE (In years	I II Under 1	Yr. If Under 24 Hrs.
				WIDQW	ED, DIVORC	ED (specify)		H 2 188 PLACE (Stole or	lost	birthday)	II Under I Months Do	
	e during most of			IOB. KIND	OL BOSINESS	OK INDUSIK	III. BIKIN	FLACE (Stole of	toreign c	ountry)	12. CITIZEN	COUNTRY?
	RETIRED.		2	HAND	PRESSE	R		SSIA			US	A
13.	FATHER'S NA	ME					14. MOTI	HER'S MAIDEN	NAME			
115.	ABRAHAM Wos Deceases s, no or unknow	Ever in U.	S. Armed For	ces?	1 6. SOCIA	AL RITY NO.	SH 17. INFOR	I FRA		?	A	DDRESS
	NO	(11 ) C3, g.		3 01 3017100		0-3273A	UDC	MITAINITE	DIM	11DH 211	10 E 10	MBARD STREET
$\vdash$	1B/		1		213-1		OF DEATH	WIMMIC	Kubi	Lrn, ZII	IN1	TERVAL BETWEEN
	DISEA	SE OR CO	NDITION DIE	ECTLY		0.		,			101	ISET AND DEATH
			TO DEATH			(A) Re	cem	eut M	ryo	Cardio	2/ 11	no
	heart failure,	asthenia,	he made af etc. II means which caused	the diseas	g., :e,	DUE TO	ma	cthy		Cardio		
		ANTECEDE	NT CAUSES			DUE TO	direir deskrallankrais deskralla deskralla dir direkt	mader aleralerida (II) an, discom suncier aleralerida an, sun aus ancier aleralerida an, an,				A 116A 110 A C Innesidadura de de de de CO
	DISEASES	OR COND	ITIONS, il	any, givir	1g							
	rise Io Ih UNDERLYIN		cause (A) ION last.	slaling II	10	(C)	******			CO a. a. a. CO a. se se a. a. a. Colabba arrane sanpanaja		
CATION	TO THE D	FICANT CO	DNDITIONS C T NOT RELA CAUSING I	TED TO	NG THE							
ERTIFIC	19A. DATE O	F OPERATIO	N 19B. CON WAS PER		R WHICH OF	PERATION	20 A. A	UTOPSY? (Yes o	r No) 20 IN	B. IF YES, WERE CERTIFYING C.	FINDINGS CO AUSES OF DE	ONSIDERED ATH?
CAL CER	21 A. ACCIDE OR CONTRIB DEATH (notify	NT WAS UI	NDERLYING AUSE OF	' h	1B. PLACE O ame, form, lo	F INJURY (e.g., octory, street,	in or about office bldg.,	21 C. WHERE DI	D R?	(If in Boltimo	ore City, give e	exact location)
l ö	21 D. TIME	(Month)	(Doy) (Year)	(Hour) 2	TE. INJURY C	OCCURRED		21F. HOW DID	INJURY	OCCUR?		
₹	(APPROX.)				While At	Not Wh At Work						
	22. 1 certify	, that (1) (t	hie hoenital				12/1	5/66	19	to 5/	5/67	19
			the decease			4/67						occurred on the date
			/					ody ofter dec		1 (my) (001) op	official deoth	occurred on the don
	23A. SIGNAT		7	7 333131	(1) (110) (01	10) (010 1101)	V10W 1110	ody offer dec	,,,,,		23B. DATE	SIGNED
		/	111	120	, for	M.D. At	ending X	Med.	Stoff			
	23 C. PHYSICIA	ANS C				Ph	23 D. ADDI	Director L	_ Phy :		5/5	/6/
	NAME (	(ype)	00 054	חמר חמ	11777	M.D.	100	H nnAi	Mall			
24/	BURIAL CRE		DR. GEO	KGE KO 24C.	NAME of CE	METERY of CI	EMATORY		D. LOCA		City, town, or c	county) (State)
	BURIAL		5/7/67		ETH ISE		10.00	UNERAL DIREC	BAL	TIMORE, N	MARYLAND	ADDRESS
1254	A. DATE REC'D	MAY	1 1967	25B. NAMI	OF REGISTI	alley M.A.					2 / 2 4 2	ADDRESS
\ <u>\</u>	150-REV. 1/1/	65		1470-745	7		ISOL	LEVINSO	N & I	SKUS. INC	6010	REIST., RD.
			1 0		40 1	P 4	6.1	0				



IMPORTANT

FUNERAL DIRECTOR:



VS 150~REV. 1/1/65

. JOCd

M.H.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

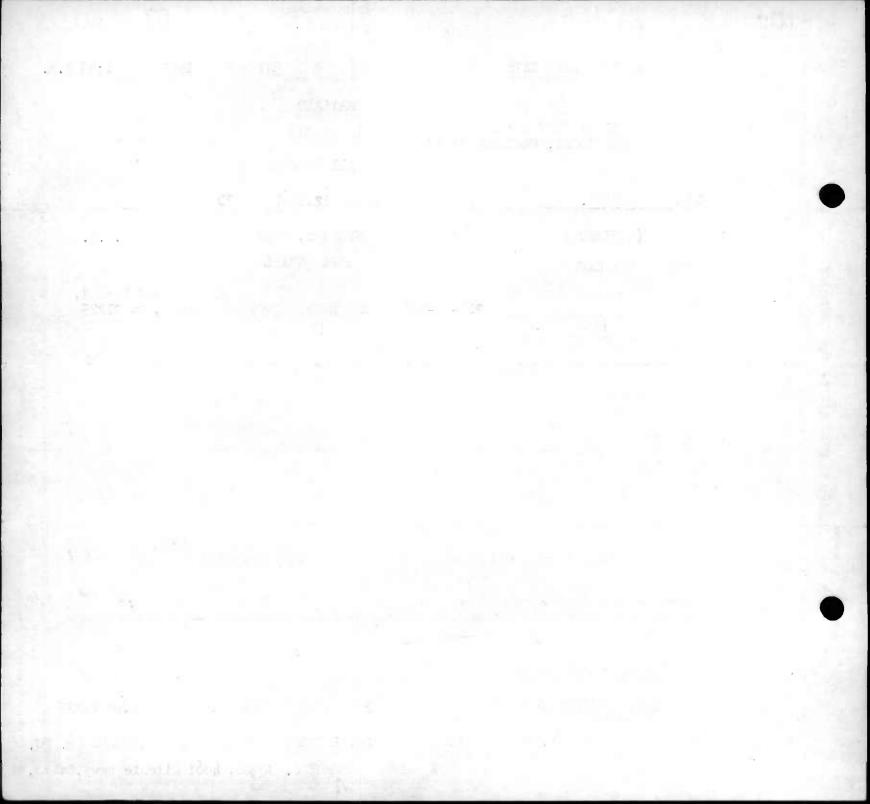
Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 4604
BIRTH NO. 67 4614 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	01 3003
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print) ALVIN LEE KAV	E	MAY	8 196	7   1:45 A.M.
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where		stitution: residence before odmissi
HOSPITAL OR INSTITUTION (If not in hospital or institution)  (If not in hospital or institution)  (If not in hospital or institution)	REET	MARYLAND C. CITY OR TOWN (If ours BALTIMORE	side city limits, write !	RURAL and give township)
BALTIMORE, MAR	YLAND 21225	D. STREET ADDRESS (If re	urol, give location)	
00		#11 JEFFREY S	TREET	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 H
MALE CAUC.  10A. USUAL OCCUPATION (Give kind of work 10B. K)				12. CITIZEN OF
done during most of working lite, even if retired)  CARPENTER (RETTRED)  CO	NSTRUCTION	HUBBARD, WEST	VIRGINIA	U.S.A.
13. FATHER'S NAME	MO IIIOO II ON	14. MOTHER'S MAIDEN NAM	ATIONIALY.	UaGaMa
ROBERT LEE KAVE		SARA HEARL		
5, Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	//9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se		MOO DOCCTO WATER		FREY STREET,
18.	214-05-9610	MRS BESSIE KAVE	BALTIMOR	INTERVAL BETWEEN
(This does not meon the made of dying heart failure, asthenia, etc. It means the di injury ar complication which caused deoth.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, rise to the abave couse (A) stotin UNDERLYING CONDITION last.	giving	ca lung	belateral	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1198. CONDITION	TO THE	20A. AUTOPSY? (Yes or No)	20R to vec were	EINDINGS CONSIDERED
WAS PERFORME			IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(E) in Baltimore	e City, give exoct locotion)
21 D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.)	White At Not Wh		IRY OCCUR?	
22. I certify that (I) (this hospital) atte	nded the deceased from	10-17 1	944 10	5/8/ 1967
that (I) (we) last saw the deceased aliv	e on 5/2	1 11		nian death occurred on the
and haur and from the causes stated ab	ave. (1) (#4) (did) (did not)	view the body after death.		>
23A. SIGNATURE	M.D. At	tending Med.	Stoff	STALLY
Chetyelv Kustr	C Ph	ys. Director	Phy s.	-14/6/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
DOCTOR PHILLIP KEIS		302 PATAPSCO AV		
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	24C. NAME of CEMETERY of CI			ity, town, or county) (Sto
BURIAL MAY 11,196	7 MEADOWRIDGE ME	M ORIAL PARK WAS	SHINGTON BLA	VD , HOWARD Co. M

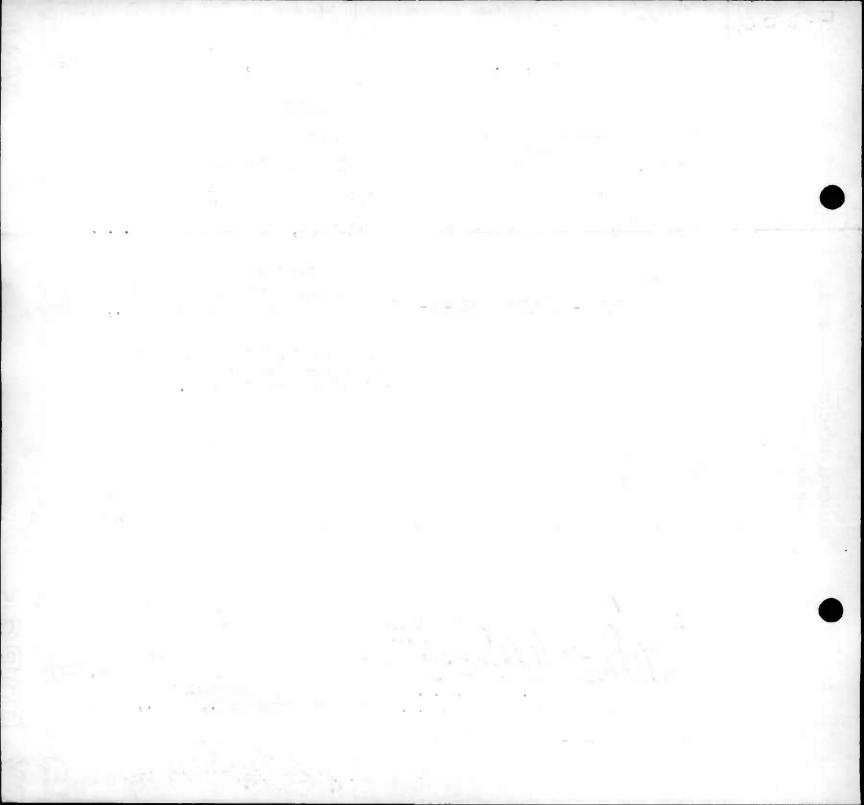
25C. FUNERAL DIRECTOR

GEORGE J. GONCE, 4001 Ritchie Hgwy, Balto, Md

258 NAME OF REGISTRAR

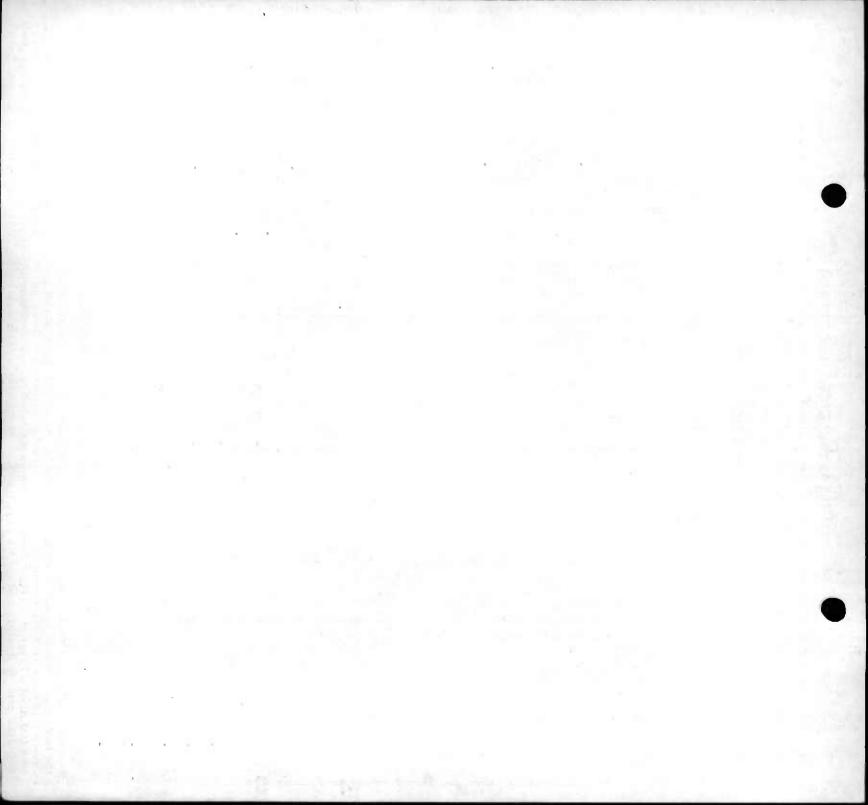


		May 100			BALTIM	ORE CITY H	EALTH DEPA	RTMENT	\/	CIT	y 40	100
	H NO. 6	7 4	605		CERT	IFICAT	E OF D		Registered I		46	1115
1 <b>. N</b> Тур	AME OF DECE	ASED		1 0-					D HOUR OF DEA	ATH		10.30 D
3. P	e or Print)FOX	Henry	MORE MAR	O DI	•	П	I IISHAI DESI		6, 1967 re deceased lived.	If institutions		12:30 Pm.
,. ,	that of bth	III III DALI	MORL MAR	ILAND			A. STATE	B, COUN	TY	ir institution: r	esidence be	iore damission)
H	FULL NAME OF HOSPITAL OR NSTITUTION		in hospitol o s or location)		n, give street		Mary	land	tside city limits, w	rite RURAL on	d give town	ship)
Ve	eterans	Admini	stratio	n Hos	pital		Balt	imore			53-	-00
39	900 Loch	Raven	Bouler	ard			STREET ADI	DRESS (If	rurol, give lacation	)		
B	<u>altimore</u>	Mary	land 2	1218			1224	Elmrig.	ge Avenue			
5. s	Ma <b>l</b> e	6. RACE Whi	te	Marr		pecify)	1/25/96		9. AGE (th years lost birthdoy)	If Unde Manths	Days Ho	Under 24 Hrs.
ΙÓÀ	USUAL OCCU	PATION (Give	e kind of work	10B. KIND	OF BUSINESS OR	INDUSTRY 11	. BIRTHPLACE	E (State or forei	gn cauntry)	12. CIT	ZEN OF	- BVa
	Drug C	lerk	en if retired)	Phar	meceutical		Baltimo				S.A.	KIT
13.	FATHER'S NAN	AE.				12	. MOTHER'S	MAIDEN NA	ME			
	John Fox							Schmidt				
5. Yes	Was Deceased , no or unknown)	Ever in U. S	Armed Farc	es? of servic	1 6. SOCIAL SECURITY		INFORMAN	ne Admi	nistratio	n Hosnid	ADDRESS	oonde
	Yes		8 - 6/2		212-07-	7057			n Bouleva	_		-
	1B. /6.	3 X I	DITION DIR			CAUSE OF		<u>en kave</u>	n Bouleva	ru balu	INTERVAL ONSET AN	BETWEEN
		LEADING T			(A)	Adenoc	arcinom	a invol	ving Left	upper		
	(This does no heart failure,				.g., DI				Metastas			
	injury or com				56,				tic Nodes			
	Δ.	ANTECEDEN	T CAUSES		(B)		TOILOT OF	1 01 001	OLO MOGOD			
	DISEASES O	R CONDIT	IONS, if a	nv. grvi		JE 10						
	rise to the UNDERLYING	abave c	ouse (A)			)						***************************************
LION	OTHER SIGNIF TO THE DE DISEASE OR (	EATH BUT	NOT RELA	TED TO	TING THE	-						
CERTIFICATION	19A. DATE OF			DITION FO	R WHICH OPERAT	ION	20A. AUTOP	SY? (Yes or No	208. IF YES, W	CAUSES OF	DEATH?	
CER	21 A. ACCIDEN	IT WAS UNI	DERLYING		218, PLACE OF INJ	URY (e.g., in	or obout 21 C. W	HERE DID	(If in Bolt	S imore City, giv	re exoct loc	otion
CAL	OR CONTRIBU				home, form, foctory, etc.)	, street, olfic	e bldg., INJUR	Y OCCUR?				
MEDI	21 D. TIME OF INJURY	(Month) (D	oy) (Yeor)	(Hour)	21 E. INJURY OCCU	JRRED	21 F. H	OM DID INT	URY OCCUR?			
Σ	(APPROX.)				While At Work	Not While [						
	22 1 contify	that (1/ (thi	s basnital)		d the deceased f		Marr lith		10 67 M	av 6th		10 67
					n May 6							
		( )				, , , , ,			at in (myy) (aut)	apınıan dea	th accurre	d an the date
			auses state	ed above	7 (V) (We) (did) (	did /h/st/ vie	w the bady o	after death.				
	23A. SIGNATO	1/ Da	nd to	HAK U	Carrone	M.D. Attend		M.d. —	54-44	23 B. DA	TE SIGNED	
	/	live	MULL	ew	Punis	M.D. Attend	ing	Med. Director	Phys.	M	ay 8,	1967
	23C. PHYSICIA NAME (Ty	N'S (pe)	DAVID	N. M.	ARINE, M.D	23	D. ADDRESS	V A	Hospital			
		U	MARGAI		DENNIS, M		900 Loc		-		Md 21	218
24A	BURIAL CREA	MATION, 24	B. DATE		NAME of CEMET				OCATION	(City, tawn,		(Stote)
	REMOVAL IS Burial	pecify)	-10-196	57	Loudon	Park			timore, Md		,	
25A	DATE REC'D				E OF REGISTRAR	7 -07 75	25C Ellbira		الارو المستدن	/	ADDE	
				1)	A G Za A			AL STREET R	callelle	1811	ADDRE	33
/ 6		1AY 11	1307	Mercier	n condem	N. T. Wall	JF.C.Hi	diupork	on Ellico	tt/City	, Md	
15	150-REV. 1/1/6	15		E 4	4,07 4	-		-				



H.	-155	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	41 >	-

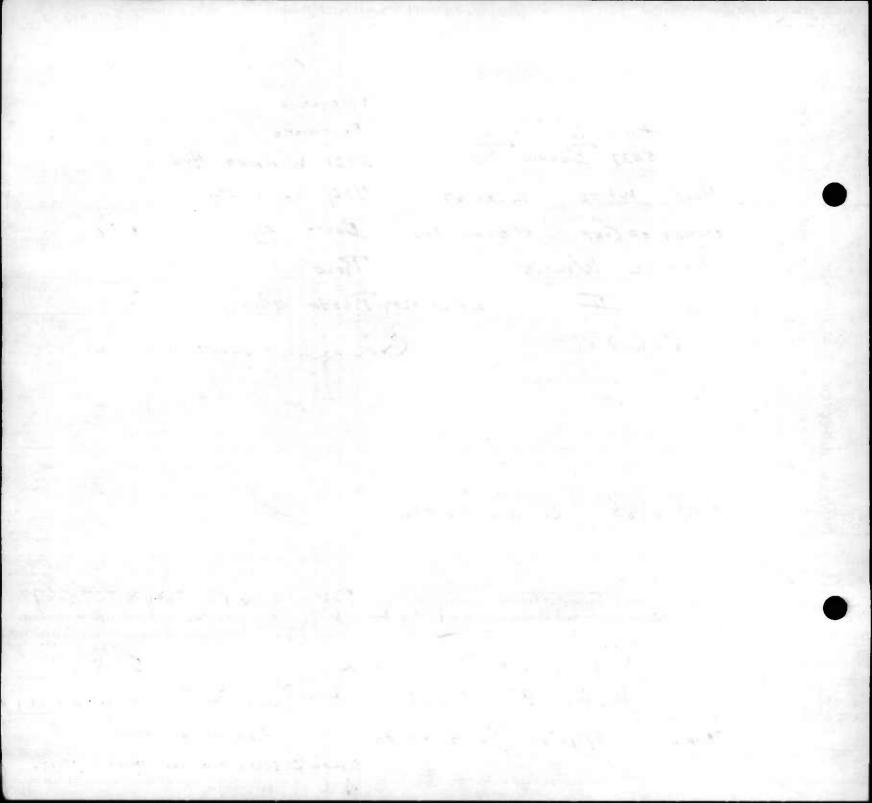
IRTH NO. A.E. CASE NO.	67 460	CER	CHIFICATI	OF DEATH	Registered No	20013	
.NAME OF DE Type or Print)		ames H. Hoffma	n		9, 1967	H	
PLACE OF D	EATH IN BALTIMORE, MA		4.	USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admis	
		A	STATE B. CO	UNTY			
FULL NAME		or institution, give street	c	Maryland	outside city limits, write	RURAL and give township)	
INSTITUTION				Baltimore	,	23-0	
10 /0			D.		(If rurol, give location)		
00	1845S. Cha	rles St.		18/15 S. CI	narles St.		
. sex Male	6. RACE White	7. MARRIED, NEVER MA WIDOWED, DIVORCED Married	O (specify)	15 1900	9. AGE (In years lost birthday)	Months Doys Hours M	
OÀ, USUAL OC		108. KIND OF BUSINESS C				12. CITIZEN OF	
	of working life, even if retired) rtender	Restaurant		Balto	Md	WHAT COUNTRY?	
3. FATHER'S NA		1003 GAGI A110	14.	MOTHER'S MAIDEN N		0 D A	
: W D	George Hoffm		9.00		ma Vinyard	400000	
es, no or unknov	od Ever in U. S. Armed For wn) (If yes, give wor or dote	rces? 1 6. SOCIAL ss of service) SECURI	TY NO.	INFORMANT		ADDRESS	
No			1	rs. Lillian	Hoffman	Same	
18. 198	1,2 400	0.1	CAUSE OF D			INTERVAL BETWEEN	
DISE	ASE OR CONDITION DI	MI	tati cas	~			
IThin does	LEADING TO DEATH not meen the mode of	Auto Tale	DUE TO	under cas	anoma	2 month	
heart failure	e, osthenio, etc. It meons	the diseose,					
injury or co	omplication which coused		(B)				
	ANTECEDENT CAUSES		DUE TO			***************************************	
	OR CONDITIONS, if the obove couse (A)		(C)				
	NG CONDITION lost.		/				
_	П		0	7			
DTHER SIG	NIFICANT CONDITIONS OF	CONTRIBUTING T	where and	olis			
DISEASE O	R CONDITION CAUSING				Nall 200 to use the	TIMPINGS CONTRACTOR	
DIVA. DATE O	OF OPERATION 198, CON		KATION	ZUM AUTOPSY? (Tes of	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCID	ENT WAS UNDERLYING	21R PLACE OF	NJURY (e.g., in or	obout 21C. WHERE DID	(If in Rollims	ore City, give exact location)	
OR CONTRI	BUTING CAUSE OF			bldg., INJURY OCCUR?			
)		11.		0.15			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OC	Not While	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)		Work O	At Work	1 -		101	
22. I certif	fy that (1) (this hospital	l) ottended the decease	d from Up	w/ /5	19 67 10	May 9 196	
that (1) (w	e) lost saw the decease	d alive on May	8	1967 and	that in(my) (aur) ap	pinian death accurred on the	
		^ /	700			/ ,	
	and have and from the equises stated abave. ((1) (We) (did) (did not) view the bady after death.  23A. SIGNATORE  23B. DATE/SIGNED						
/	Versell 1	010-	M.D. Attendir	9 Med.	Stoff Physics	) /10/62	
23C.PHYSIC	LAN'S	eug ,	Phys.	ADDRESS	Phys. 🗆	1/1/	
23C. PHYSIC NAME	110 bert	I. Levy	M.D.	114 M	edical ai	t Bldg	
4A. BURIAL CI	REMATION, 248. DATE (Specify)	24C. NAME of CEN	TETERY OF CREMA	TORY 24D.	LOCATION	City, town, or county) (St.	
Burial	5 12 67	Holy Cr	coss	Br	cooklyn, A. A	A. Co. Md.	
SA. DATE REC	D BY HEALTH DEPT.	258. NAME OF REGISTRA	R O	25C. FUNERAL DIRECT		ADDRESS	
	MAY 1 1 1967	(1) 1) Box (1) ada	2 Jose Mille				
	MILLI Y T 100V	( Ul white the way	CLA KICH LINE	Mc Cul	lv	130 E. Fort Ave	



## IMPORTANT FUNERAL DIRECTOR:

written approval must be obtained before the remains are embalmed or final disposition is made.	written approval must be obtained before the rema
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	deceased prior to death); and (6) No physician wa
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	was D.O.A. at a hospital (except where the physic
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 💪	shows: (1) An accident of any nature; (2) Body burn
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	the body was released to the hospital by a medic
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	This certificate must be approved by the chief medi
FUNERAL DIRECTOR: IMPORTANT	FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH Type or Print) 25 VIN 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY A. STATE C. CITY OR TOWN (If not in hospital or institution, give streat FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) BALTIMORE STREET ADDRESS (If surol, give location) 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE B. DATE OF BIRTH If Under 1 Yi. If Under 1 Months Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday) MALE WHITE 50 MARRIED 16A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA PHLTO MI INN OFFICER OF COR 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME AMUEL 055 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 214-20-4209 ES 18. OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Vo avenus hectula 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lecation) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 196 that (1) (%) last saw the deceased alive an. and that in (my) (our) apinlah death accurred an the date and hour and fram the causes stated above. (1) (We) (did fat) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. Staff Director L 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. CEMETERY OF CREMATORY 248 DATE REMOVAL (Specify) mo TINKS BUR 9 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SYLUAN S. LEWIS +SON, (NC - GARRISON, MI) = VS 150-REV. 1/1/65



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IMPORTANT

FUNERAL DIRECTOR:

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					BALTIMORE CIT	Y HEALTH D	EPARTMENT		6	17 100	10
BIRT	TH NO.	67 46	08		CERTIFICA	TE OF	DEATH	Registered N	10	460	70
1, N (Ty)	E CASE NO.	CEASED  ANTZ  BEATH IN BALTI	MORE, MARY	Jev.	I	4. USUAL A, STATE		AND HOUR OF DEA	57	n: residence before	e admission)
FULL NAME DF (If not in hospital or institution, give street oddress or location) INSTITUTION BALT IMORE CITY HOSPITALS  4940 EASTERN AVENUE BALT IMORE, MARYLAND 21224				MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALT IMORE  D. STREET ADDRESS (If rural, give location)  1103 WOHLER WAY 21224							
S. S	MALE	6. RACE WHITE		MARRIED, NEVI WIDOWED, DIV MARRIEL	ORCED (specify)	B. DATE OF	BIRTH -06	9. AGE-(In years lost birthday)	If U Mont	nder 1 Yr. If Units Doys Hours	nder 24 Hrs.
	e during most	CUPATION (Give of working life, eve PLOYED		LABOR	NESS OR INDUSTR	100		oreign country) IA, ALTOO		WHAT COUNTRY	?
13. FATHERS NAME EDWIN A. LANTZ				14. MOTHER'S MAIDEN NAME ANNA B; STAHL							
15. (Ye	Was Deceas s, no or unkno VES	ed Ever in U. S. wn) (If yes, give	Armed Forces war or dates a	35 76	OCIAL ECURITY NO. 9-18-5869	BCH		S 4940 EAS	TERN .	ADDRESS AVENUE	
	This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,					DE DEATH  A.C.V.M.				INTERVAL BE ONSET AND	
ATION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Archivese				ckrolie		lovase de	2	11/2	1/20	
ERTIFIC	19A.DATE	ATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AU	Ves or	No. 208. IF YES, WIN CERTIFYING	CAUSES (	IGS CONSIDERED	
MEDICAL CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off pearth (notify medical examiner)				in ar about 21 office bldg., IN	WHERE DIE	(If in Ba)ti	imare City.	give exact lacation	on)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E INIURY OCCURRED				21F. HOW DID INJURY OCCUR?						
	that (I) (w	e) lost saw th	e deceased	alive an	(did)(did not)	19	- (	19 <u>7</u> to		death accurred	on the dot
	23A. SIGNA	TURE A	Juller	an	M.D. A	ttending	Med. Director	Staff Phys. Z	23 B.	DATE SIGNED	60

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death was D.O.A. at a hospital (except where the physician who pronounced death

23C. PHYSICIAN'S NAME (Type) DR. M. SULLIVAN A.

M.D.

23D. ADDRESS

BALT IMORE CITY HOSPITAL 4940 EASTERN AVENUE BALTO. MD.

21224

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 5 24C. NAME of CEMETERY OF CREMATORY

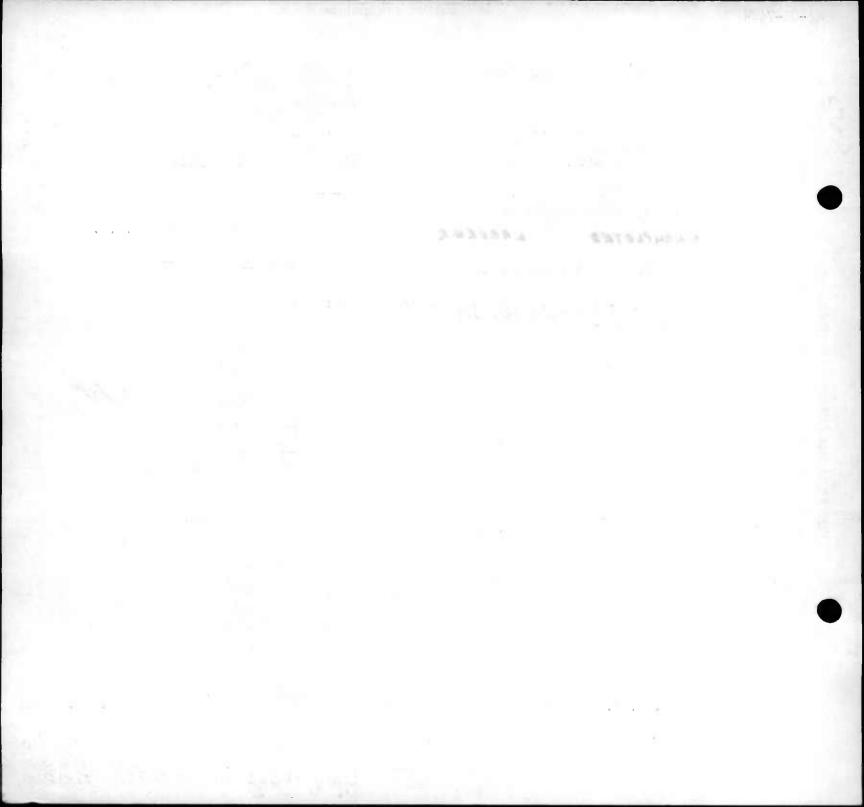
24D. LOCATION (City, town,

25A. DATE REC'D BY HEALTH DEPT. 198

258. NAME OF REGISTRAR

5501 FREDERICK AVE. BALTO, MD 901 S. CONKESTIG ST. Saller BALTO, 24, MD, BALTIMORE NATIONAL

VS 150-REV. 1/1/6S



SIRTH NO.	67	4609				E OE DE A TU	Registered No.	67 4609
M.E. CAS				CEKTII	FICAT	E OF DEATH	7	
(Type or P	OF DEATH IN BA	TIMORE, MARY	LAND	E.	14	aret Kinse		institution: residence before odmissi
HOSPIT	AL OR odd	ot in hospital or less or tocation)	institution,	give street		Maryland	Baltimore	RURAL and give township)
INSTITU	Bal	timore C:				Essex	(21)	53-00
		O Easter timore, l		nd 21224		37 Stemmer F	(If rural, give location)  Lun Road 212	21
5. SEX Femal	e Whi	te	MARRIED, WIDOWE	NEVER MARRIED D, DIVORCED (spe Wed	ecity)	3-26-1898	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mis
	most of working life,				DUSTRY 11	, BIRTHPLACE (State or la	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	tress S NAME		Rest	aurant	14	Virginia . MOTHERS MAIDEN N	AME	U. S. A.
	Willia	m Brooks				Maggie Dicke	rson	
	eceased Ever in U.			1 6. SOCIAL SECURITY NO		· INFORMANT		ADDRESS
No				218 09 9		RECORDS:BCH 4	.940 Eastern	Avenue 21224
18.	33/X	1		CA	AUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
7	DISEASE OR CO LEADING	TO DEATH	CILY	(A)	F	nevmonic	7	5 days
heoil	does not meon foilure, osthenio, or complication	etc. Il meons I	he diseose,		TO	14-6		5-1
	ANTECEDI ASES OR COND To The obove			DUE (C)	irter	galler tie	erebrovas	The state of the s
	RLYING CONDIT		Jidaning Into	(0)				
E   TO	R SIGNIFICANT C THE DEATH BU SE OR CONDITIO	T NOT RELAT	NTRIBUTIN ED TO TH	G				
THE TO THE TO	ATE OF OPERATIO	N 198. COND WAS PERFO		WHICH OPERATIO	N	YES	No) 208. IF YES, WERE IN CERTIFYING	FINDINGS CONSIDERED AUSES OF DEATH?
, OR C	CCIDENT WAS UDNTRIBUTING Color of Contribution Color of Contribution Color of Contribution Color of Co	AUSE OF	218 hor etc	ne, form, foctory,	RY (e.g., in o	or obout 21 C. WHERE DID	(It in Boltimo	ore City, give exact location)
Q 21 D. T	ME (Month)	(Doy) (Yeor)		. INJURY OCCUR		21 F. HOW DID I	NJURY OCCUR?	
₹ (A PPR	OX.)		W		Not While   At Work			
that (	l) (we) last saw	the deceased	alive an.	2	*************	1 1	that in (my) (aur) ap	Sinian death accurred an the
	GNATURE	causes state	d abave.	i) (we) (did) (did	d nat) vie	w the bady after deat	n.	23B. DATE SIGNED
	11.1.	dulle	ran	M	Phys.	Director _	Stoff Phys.	3/7/67
	AME (Type)						ore City Hos	
24A BIIDI	Dr. M	ery A. St		D AME of CEMETER				more, Maryland 2] City, town, or county) (Stat
REM	DVAL (Specify)	Elolen		s. Biley F		. Vame		City, town, or county) (Ste
Remov 25A. DAT	REC'D BY HEALT	2/9/67 H DEPT. 2	SB. NAME		1 Nemo		ichmond, Va.	Lee ADDRESS
	MAY	1 1967	R. Beer	& Entail	CUMAL.	Bruzdzinski	Funeral Home	1407 Eastern Ave
VS 150-RE	V. 1/1/65		- Company			V1 6	100	C.P.R

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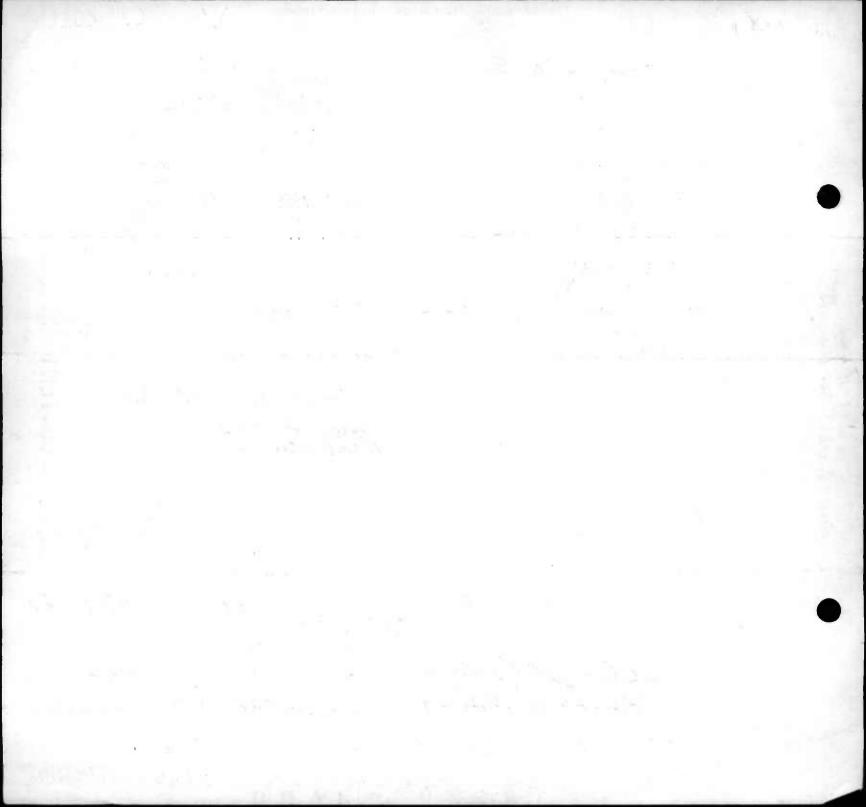
Translation.

William Prooks

sec through the in the con-

ATE	OF	DEATH	Registered	No 67	4610

	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD			
	(Type or Print) CHARLES 24 SCHAIBLE	5-9-67   1:07 AM			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carporote limits, write RURAL and give township)			
1	FRANKLIN SQUARE HOSPITAL - DOA	Baltimore  D. STREET ADDRESS (If rural, give location)			
	79	1509 W. Pratt Street			
	5. ŠEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days   Hours   Min.			
	Male White Single	aug 21, 1920 \$46			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	arthur Schaille	Lieban Temple			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown), (If yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT ADDRESS (21230)			
	Yes W.W. TI 220-01-2/16	John & John May Son 10 & Ditter St.			
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH  (This does not mean the mode of dying e.g., DUE TO	y alteration of liver			
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE				
	UNDERLYING CONDITION LAST.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT BUT NOT BELATED TO THE				
	TO THE DEATH BOT NOT KELATED TO THE				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
	O O O O O O O O O O O O O O O O O O O	Yes IN CERTIFYING CAUSES OF DEATH?			
	21A, EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- UTING □ CAUSE OF DEATH.	in or about 21C. WHERE DID (If in Boltimore City, give exact location)  office bldg., INJURY OCCUR?			
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT	21F. HOW DID INJURY OCCUR?			
	22,	ORK L			
		ond that an this basis, death in my apinion			
	resulted fram: Natural causes X Accident Suicid	CHIEF MEDICAL EXAMINER			
	ACTUAL GUESSEL STATE	ASSISTANT MEDICAL EXAMINER X			
	SIGNATURE COCKET (M.D.				
	EXAMINER'S				
	EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.				
	EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23C. NAME OF CEMETERY OF				
	NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF				
	NAME (Type) WERNER U. SPITZ, M.D.  23A. BURIAL CREMATION, 23B. DATE  REMOVAL (Specify)  23L/67  23C. NAME of CEMETERY of Conden	ar CREMATORY 23D. LOCATION (City, town, or county) (State)  Park Comments Balto - Mark.			



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IMPORTANT DIRECTOR: FUNERAL

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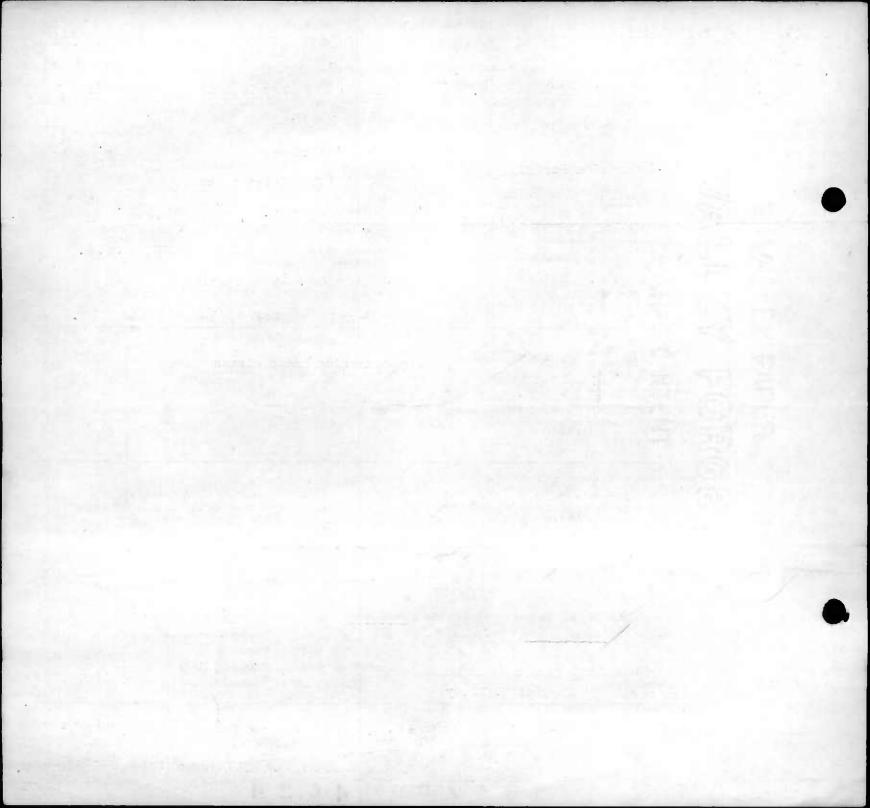
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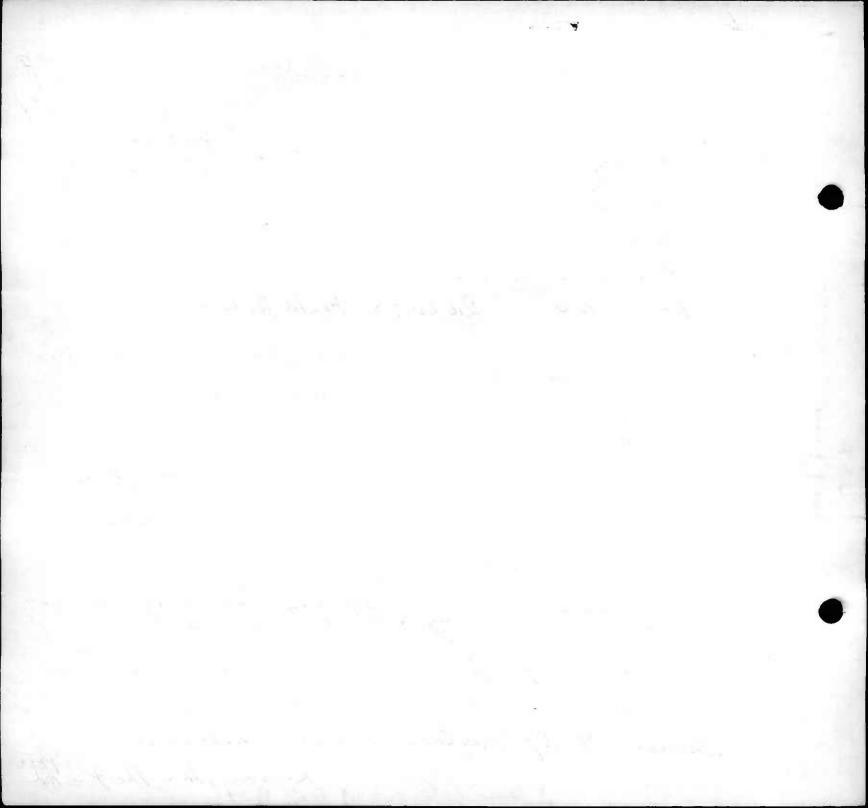
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	67 4614	BALTIMORE CITY	HEALTH DEPARTMENT		67 4614		
	TH NO.	CERTIFICA	TE OF DEATH	Registered No	0/ 4014		
1,8	E. CASE NO.  IAME OF DECEASED  De or Print) CHARLES. LORD.		2. DATE AN 5/2	D HOUR OF DEATH	pm.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased tived. If ins	stitution: residence before admissiont		
11	FULL NAME OF (If not in hospital or institution, grve hospital OR oddress or location) NSTITUTION	street	C. CITY OR TOWN (If au	side city limits, write R			
V	2	1		1012L	53-00		
	SINAI Hospital of Bala		7105 ma	NILA A			
S.	M W WIDOWED D	IVORCED (specify)	9/26/04	9. AGE (In years tost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUILD of working life, even if refired)	SINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
	NONE -		MARYLAN		U.SA.		
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	,			
	EMMEIT LORD		ROSA	WEAVE			
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or dotes of service)	SOCIAL SECURITY NO,	17. INFORMANT ROSALIE	LORD	DAUghter.		
	18. 5 81.01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MAS	SIDE OT LIGHT	edina	726		
	(This does not mean the mode of dying, e.g.,	DUE TO	SIVE GIBles	4			
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES  (B) LIVEY CITIKOSIS, ESOphageal Variees						
	DISEASES OR CONDITIONS, if ony, giving		epatic con				
	rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)					
ATION	1  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
I S	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20 A. AUTOPSY? (Yes or No				
ERTIFIC	15-1-67 WAS PERFORMED	-	No-	IN CERTIFYING CAL	ISES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., i orm, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct location)		
100	21D. TIME (Month! (Doy) (Yeor) (Hour! 21E, INJ OF INJURY	IURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
1	(APPROXI) While A	Not While At Work					
	22. I certify that (I) (this hospital) attended the d	eceosed from	5-1-	1967 10 5	5-2 1967,		
	that (I) (we) lost saw the deceased alive an	5-2	19 67 ond th	ot in(my) (aur) opir	nion death accurred on the date		
li	and hour and from the causes stated above. (1) (W	(e) (did) (did not)	riew the body ofter death.				
	23A. SIGNATURE		· · · · · · · · · · · · · · · · · · ·		23B. DATE SIGNED		
	law Reky	M.D. Atte	ending Med.	Stoff Phys.	5-2-67		
	David Zertung	M.D.	Sinai H	bopital i	1 Baltimor		
24/	A BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	CEMETERY OF CR	EMATORY 24D. LO	ENTON ICH	y, town, or county) (State) COROLDNE KD		
25/	A. DATE REC'D BY HEALTH DEPT 2SB. NAME OF K	EGISTRAR	2SC FUNERAL DIRECTOR		ADDRESS (		
	MAY 1 1 1967 ROGE &	False Ma	J. VIRGIL	MOORE	DENTON MO		
VS	150-REV. 1/1/65		ा भ । ।	2			

ROSA LLEAVER LMALETT HORD Burner Markett Defend - OH LESTEN DENT ON A LIDERY - -

	M.E. CASE NO.	SED				2 DATE AND	HOUR PRONOUNC	CED DEAD	
	(Type or Print)	AUDRE'	v	D. FA	AIN		, 1967	1	1:20 A
	3. PLACE IN BALTIMO				4. USUAL RESI	DENCE (Where de		stitution: resider	nce before admission)
	full name of (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  1924 Division Street						corporote limits, writ	te RURAL and	give Jownship)
						ltimore ORESS (If rurol, g	ve locotion) on Street		7-00
	5. SEX   6. R	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR		9. AGE IIn years	If Under 1	Yr. If Under 24 Hrs.
		Negro	D	DIVORCED(specify)	11	17 17	last birthday)	Manths, D	ays Haurs Min.
	IOA. USUAL OCCUPA	TION (Give kind of w	vork 10B. KIND OI	rced F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign		12. CITIZEN	OF COUNTRY?
	done during most of works	We 14. MOTHER'S A	st Virg	inia		S.A.			
			attie M						
	15. WAS DECEASED E	17. INFORMANT			ADDRESS				
	(Yes, no or unknown) (If	yes, give wor or d	lotes of services	219058189	Hattie	Carter	1924 D	ivisio	n St.
	18.443	X		CAUS	E OF DEATH				NTERVAL BETWEEN
		OR CONDITION		Uzzn	ertensive	heart di	50250		
		meon the made thenio, etc. It med		DUE TO	ertensive	lleart di	LSCASC		>>====
	injury or compli	cation which cause	ed deoth.)						
		ECEDENT CAU		(B)					
		BOVE CAUSE (A)	STATING THE	DUE TO					
	RISE TO THE A		STATING THE	(C)					
	RISE TO THE A	BOVE CAUSE (A) CONDITION LAS	STATING THE	(C)					
	RISE TO THE A UN DERLYING	II CANT CONDITION ATH BUT NOT	NS CONTRIBUTION RELATED TO T	(C)					
	RISE TO THE A UNDERLYING  OTHER SIGNIFIT TO THE DE.  DISEASE OR C	IN CANTEN AND CONDITION LAS III CANT CONDITION ATH BUT NOT CONDITION CAUSI PERATION   198. C	NS CONTRIBUTION TO THE ST.	(C)		10	DB. IF YES, WERE F		
	RISE TO THE A UNDERLYING  OTHER SIGNIFIT TO THE DE. DISEASE OR C  19A. DATE OF OF	CANT CONDITION ATH BUT NOT CONDITION CAUSI PERATION 198, C WAS P	NS CONTRIBUTI RELATED TO T ING IT. ONDITION FOR PERFORMED	NG THE WHICH OPERATION	Ye	S		USES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFITOTHE DE. DISEASE OR C. DISEASE OR C. DISEASE OF C. DISEASE O	II CANT CONDITION ATH BUT NOT ONDITION CAUSI PERATION 19B, C WAS P	NS CONTRIBUTI RELATED TO 1 ING IT.  ONDITION FOR PERFORMED  21B, home etc.)	(C)	in or about 21C. office bldg., INJU	WHERE DID (IF	in Boltimore City.	USES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C  19A. DATE OF OR UNDERLYING OF OR UNDERLYING OF OR UNDERLYING OF OR UNDERLYING OF OR	II CANT CONDITION ATH BUT NOT CONDITION CAUSI PERATION PERATION CAUSE WAS R CONTRIB- OF DEATH.	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)	(C)	in or about 21C. office bldg., INJU	S	in Boltimore City.	USES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C  19A. DATE OF OR UNDERLYING OF OR UNDERLYING OF OR UNDERLYING OF INJURY (APPROX.)  22.	II CANT CONDITION ATH BUT NOT CONDITION CAUSI PERATION 19B, C WAS P CAUSE WAS R CONTRIB- OF DEATH.  Month) (Doy) IY	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)	(C)	Ye in ar about 21C. office bldg., INJU	WHERE DID (IF	in Boltimore City. (	JSES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF	II CANT CONDITION ATH BUT NOT CONDITION CAUSI PERATION PERATION CAUSE WAS R CONTRIB- OF DEATH.	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)  feor) (Hour)	COLUMNICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, procedure of the columns of t	in ar about 21C. office bidg., INJU	WHERE DID (IF	in Boltimore City.	JSES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF OF OUTDOOR OF INJURY (APPROX.)  22. I certify resulted	II CANT CONDITION LAS  II CANT CONDITION ATH BUT NOT ONDITION CAUSI PERATION 19B. C WAS P CAUSE WAS R CONTRIB- OF DEATH.  Aonth) (Doy) IY	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)  feor) (Hour)	NG THE  WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, e.)  ETE. INJURY OCCURRED  WHILE AT NOT AT Y  Inspection At Y	Ye in ar about 21C, office bldg., INJU 21F. I	WHERE DID (IF	in Boltimore City, of Y OCCUR?	JSES OF DEA	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF OF UNDERLYING OF INJURY (APPROX.)  22. I certify resulted ACTUAL	II CANT CONDITION LAS  II CANT CONDITION ATH BUT NOT ONDITION CAUSI PERATION 19B. C WAS P CAUSE WAS R CONTRIB- OF DEATH.  Aonth) (Doy) IY That I held an I fram: Natural	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)  feor) (Hour)	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while AT NOT NORK  Inspection At Suicide	Ye in ar about 21C, office bldg., INJU 21F. I	WHERE DID (IF RY OCCUR?  HOW DID INJUR  and that an this cide Un	in Boltimore City. ( Y OCCUR?  basis, death in adetermined mannament.	give exact lac	DATE SIGNED
	RISE TO THE A UNDERLYING  OTHER SIGNIFITO THE DEDISEASE OR COUNDERLYING OF 19A. DATE OF OF 19A. D	II CANT CONDITION ATH BUT NOT ONDITION CAUSI PERATION 198. CAUSE WAS R CONTRIB- OF DEATH. Annih) (Doy) 19 That I held an	NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  21B, hometc.) (eon) (Hour) Inquiry  causes &	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while AT NOT NORK AT NORK AT NORK AT NORK AT NORK AT NORK NORK NORK NORK NORK NORK NORK NORK	ye in or about 21C. office bldg., INJU 21F. I WHILE VORK  Itapsy X  de Hamid CHIEF	WHERE DID (IF RY OCCUR?  HOW DID INJUR  and that an this cide Un	y OCCUR?  basis, death in determined manual MINER	give exact lac	TH?
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF OF OF OF INJURY (APPROX.)  22. I certify resulted ACTUAL SIGNATUR EXAMINER NAME (Typ. 23A, BURIAL CREMA	II CANT CONDITION ATH BUT NOT CONDITION CAUSE WAS P CAUSE WAS R CONTRIB- OF DEATH.  Month) (Doy) IY That I held an I fram: Natural	NS CONTRIBUTI RELATED TO 1 ING IT.  PERFORMED  21B, hometc.)  feon (Hour)  Inquiry  causes & A	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while AT NOT NORK AT NORK AT NORK AT NORK AT NORK AT NORK NORK NORK NORK NORK NORK NORK NORK	ye in or about 21C. office bldg., INJU 21F. It while vork  tapsy X  de Hamid CHIEF ASSOCIATE	WHERE DID (IF RY OCCUR?  HOW DID INJUR  and that an this cide Un  MEDICAL EXA  MEDICAL EXA	y OCCUR?  basis, death in determined mannum.  MINER   MINER   AMINER	give exact lac	DATE SIGNED
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF OF 19A. DATE OF 19A. DATE OF 19A. BUTIAL SIGNATUR EXAMINER NAME (Typ. 23A. BURIAL CREMA REMOVAL (Specify)	II CANT CONDITION LAS  II CANT CONDITION ATH BUT NOT CONDITION CAUSE PERATION 119B. C WAS P CAUSE WAS R CONTRIB- OF DEATH.  Anonth) (Doy) IV That I held an I fram: Natural R R R S C C C C C C C C C C C C C C C C	STATING THE  ST.  NS CONTRIBUTI RELATED TO 1 ING IT.  ONDITION FOR PERFORMED  218, home etc.)  Inquiry  causes &  narles S.	MICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form)  PLE: INJURY OCCURRED  WHILE AT NOT AT V  Inspection AL  Accident Suicident  Petty  G. NAME of CEMETERY	ye in or about 21C. office bldg., INJU  21F. It WHILE VORK  ASSISTANT ASSOCIATE  or CREMATORY	WHERE DID (IF RY OCCUR?  HOW DID INJUR  and that an this cide Un  MEDICAL EXA  MEDICAL EXA  MEDICAL EXA	Y OCCUR?  basis, death in determined manual MINER  MINER  MINER  AMINER  CATION (Cit	my opinion	DATE SIGNED /7/67 unty)   State)
	RISE TO THE A UNDERLYING  OTHER SIGNIFI TO THE DE. DISEASE OR C 19A. DATE OF OF OF OF INJURY (APPROX.)  22. I certify resulted ACTUAL SIGNATUR EXAMINER NAME (Typ. 23A, BURIAL CREMA	II CANT CONDITION LAS  II CANT CONDITION ATH BUT NOT ONDITION CAUSI PERATION 19B. C WAS P CAUSE WAS R CONTRIB- OF DEATH.  Month) (Doy) 19 That I held an I fram: Natural R C C C C C C C C C C C C C C C C C C C	STATING THE ST.  NS CONTRIBUTI RELATED TO 1 ING IT. ONDITION FOR PERFORMED  218, home etc.)  Inquiry	PLACE OF INJURY (e.g., form, foctory, street, while AT NOT AT V Inspection AL Accident Suicident Petty	while thank  trapsy X and CHIEF ASSOCIATE  or CREMATORY  Park	WHERE DID (IF RY OCCUR?  HOW DID INJUR  and that an this cide Un  MEDICAL EXA  MEDICAL EXA  MEDICAL EXA	Y OCCUR?  basis, death in determined manual MINER  MINER  MINER  AMINER  CATION (Cit	my opinion ner   ty, town, or co	DATE SIGNED /7/67 unty)   State)





49-19-55 DH)

55 67	4617	BALTIMORE CITY HEALTH
0/	410 1	

## I DEPARTMENT

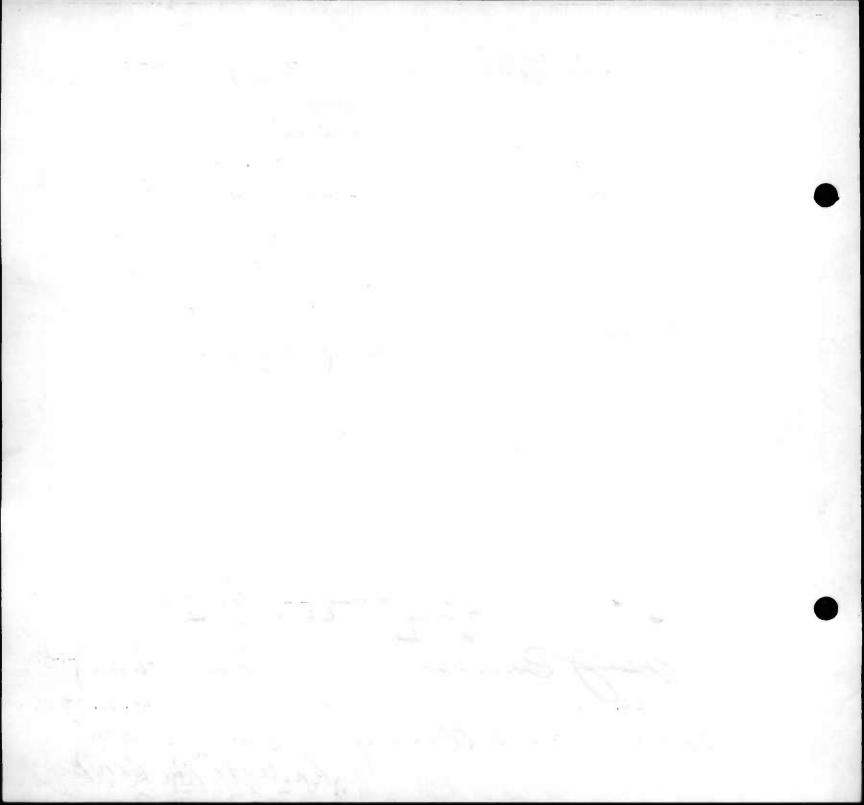
		67	461
Registered	No	07.	TOL

M.I	TH NO.  E. CASE NO.  NAME OF DECEASED	, Lela Dr	Amm 0 m c		TE OF DEATH	Registered No.	
	pe or Print)	LELA!	)RU	MMCND			-7-67 5 30 Pm.
3. 1	PLACE OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re defeased lived. If in	stitution: residence before admission)
1	FULL NAME OF HOSPITAL OR	(If not in hospital and address or location	)		Maryland	tside city timits, write	RURAL and give township)
Ш.	INSTITUTION Balt	imore City	Hospi	itais	Baltimore		21-02
	and I	Eastern A		<i>4</i> 21227		iurol, give lacotion)	
		imore, Mar			611 Archer St		
	Female N	egro	WIDOW	ED, NEVER MARRIED YED, DIVORCED (specify) LOOWED	3-27-94	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	NUSUAL OCCUPATION OF WORKING HOUSEWIFE		10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				Virginia 14. MOTHER'S MAIDEN NA	ME	OOR
13.		Unknown				Jones (Decea	
(Ye	Was Deceased Ever s, no or unknown) (If ye			SECURITY NO.	RECORDS: BE	940 Eastern	A venue #21224
		CONDITION DIR	ECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	(This does not me heart failure, asthe injury or complicate ANTER	nia, etc. It means ion which caused CEDENT CAUSES	the diseos death.)	(B)			
	rise to the aboundERLYING CO	ave cause (A)					
TIFICATION	OTHER SIGNIFICAN TO THE DEATH DISEASE OR CONE	BUT NOT RELA	TED TO				
RTIFIC,	19A. DATE OF OPER		DITION FO	R WHICH OPERATION	NO	20B. IF YES, WERE	
CAL CERI	21A. ACCIDENT W. OR CONTRIBUTING DEATH (notify media	CAUSE OF	`   F	21 B. PLACE OF INJURY (e.g., in nome, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fince bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)			21E. INJURY OCCURED  While At Not While At Work  At Work			
				d the deceased from	1: -		nian death accurred on the date
- 11		the causes stat	ed abave.	. (I) (🌉) (did) (фарот) v	riew the body after death.		
	23A. SIGNATURE	A	Ber		ending Med. S. Director	Stoff Phys.	7 May 767
244	23C. PHYSICIAM'S NAME (Type) Alan J	Barnes		M.D.	23D. ADDRESS 4940 Eastern A	venue Balti	more, Md. #21224
244	A. BURIAL CREMATIC		24C.	NAME OF CEMETERY OF CRI	***		ity, town, or county) (Stote)

25A. DATE REC'D

VS 150-REV. 1/1/65

ADDRESS



Such

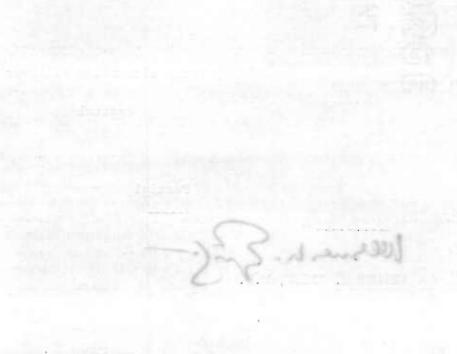
prior to death.

1	BALTIMORE CITY HEALTH DEPARTMENT 677 AC40
	METH NO. 67 4618  CERTIFICATE OF DEATH  Registered No. 07 4618
	INAME OF DECEASED  Type or Print)  Matthews  McCullough  B. PLACE OF DEATH IN BALTIMORE, MARYLAND  2. DATE AND HOUR OF DEATH  Type or Print)  A. STATE  2. DATE AND HOUR OF DEATH  B. COUNTY  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddiess or location)  (If not in hospital or institution, give street oddiess or location)  (If not in hospital or institution, give street oddiess or location)  (If not in hospital or institution, give street oddiess or location)  (If not in hospital or institution, give street oddiess or location)  (If not in hospital or institution, give street oddiess or location)
	South Baltimore GENEral Hosp. 1311 Slater Road.
	6. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  8. DATE OF BIRTH Solve in the specific of specify  8. DATE OF BIRTH Solve in the specific of specify  9. AGE (In years lost bird day)  10. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stdre or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  ANN 1-
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown   (If yes, give wor or dates of service)   16. SOCIAL SECURITY NO. 250-22-130 grane McCullough 1311 States Rd
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heorf foilure, osthenio, efc. If meons the disease, injury or complication which coused death.)  CAUSE OF DEATH  (A) Intestinal Contraction 2° to bond.  DUE TO achieve a ganglese
	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stofing the (C)  UNDERLYING CONDITION lost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE LEWER Panof failure & Prementing DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not learner of Death?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?  etc.)
	21D. TIME (Month) (Doy) (Yea) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.)  While At Not While Not Work  Not While At Work
	22. I certify that (this haspital) attended the deceased fram 5-5 19 67 ta 5-10 19 62, that (we) last saw the deceased alive an 5-10 19 62 and that in (aur) apinian death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Director Di
	23C. PHYSICIANS NAME (Type)  23D. ADDRESS  NAME (Type)  24A. BURIAL CREMATION, 24B, DATE  24C. NAME of CEMETERY of CREMATORY  REMOVAL ISpecify)  24D. LOCATION (City, town, of county)  (Stote)
	Burial 5/13/67 Charles Mem R Carbertons MG 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAY 1 1 1967 Plant & James a Rice 66/W. Farre St
16	/5 150-REV, 1/1/65

Marie The Cold and the Cold

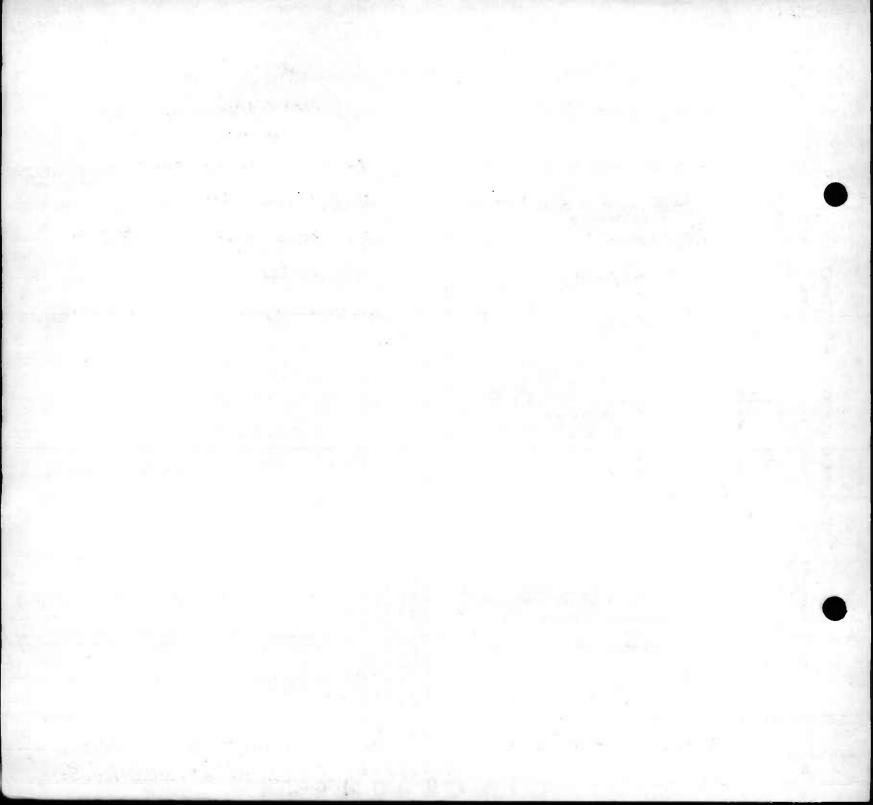
	N.E. CASE NO.	ECEASED				2, DATE AND HOUR PRON	OUNCED DEAD	
100	Type or Print)		AMEC E	DOIT DAG DO	DULHAC	5-8-67	OUNCED DEAD	11:05 PM M.
	PLACE IN BA	LTIMORE, MARYLAND,			4. USUAL RESID	ENCE (Where deceased lived	. If institution: resi	10.10
	ULL NAME OF	TO NOT IN HOS	ITITZIAL BO LATE	ITION, GIVE STREET	Maryland	d	B. COUNTY	
111	HOSPITAL OR	ADDRESS OR LO	CATION)	THON, GIVE STREET	C. CITY OR TOV	VN (II outside corporate limi	ts, write RURAL o	nd give township)
1	^			1 0 111	Baltimo:			18-01
1	0 881 M	. FAYETTE ST	KEET - Am	b. Crew #1		RESS (If rurol, give location)		
	S. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	Fayette Street 9. AGE (In lost birthdo	yeors   11 Unde	r 1 Yr. If Under 24 Hrs.
	Male	Colored		DIVORCED (specify)	MARIE .	5/8/16 51	y) Months	Doys Hours Min.
	OA. USUAL OC	CUPATION (Give kind of w		BUSINESS OR INDUSTRY	11. BIRTHPLACE		12. CITIZ	
	done during most o	of working life, even if retired	1)		North	Carolina		S.A.
I	3. FATHER'S NA	AME			14. MOTHER'S M.			A 4.03
						ll Johnson		
		SED EVER IN U.S. ARM wn) (11 yes, give wor or d		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	5
					Lucille	e Williams 2	5 Cedar	Hill La.
	18.	1 D X 1		CAUSE	OF DEATH			INTERVAL BETWEEN
	DISE	ASE OR CONDITION	DIRECTLY					
	(This does	LEADING TO DEA s not mean the mode		(A)Lobar	and bron	chopneumonia		
	heart failu	re, osthenio, etc. It med complication which couse	ns the disease,	501.0				
	1 ×	ANTECEDENT CAU	SES					
		S OR CONDITIONS, IF	ANY, GIVING	DUE TO				••••••••••
	UNDERLY	YING CONDITION LAS		(6)				
	OTHER SI	II.		(0)				
	O THE	GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	RELATED TO T	NG HE Fatt	y alterat	ion of liver		
	F	OF OPERATION 198, CO	ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 20B. IF YES, V	VERE FINDINGS	CONSIDERED
	0 2	WAS P	ERFORMED		Part	ial IN CERTIFYING	Yes	EATH?
١	€ 21 A. EXTERN	IAL CAUSE WAS	home	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. W	HERE DID (If in Boltimore	City, give exact 1	ocotion)
	O UNDERLYING	AUSE OF DEATH.	etc.)	, tomi, today, sheet,	omce blag, INJURT	OCCOK:		
	UNDERLYING UTING CA	AUSE OF DEATH.		1E. INJURY OCCURRED		OW DID INJURY OCCUR?		
	UNDERLYING CA	AUSE OF DEATH.	ear) (Hour) 2	TE. INJURY OCCURRED	21 F. H.C			
	UNDERLYING CA 21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	ear) (Hour) 2	TE, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	21F. HO WHILE ORK	DW DID INJURY OCCUR?	th in my opinio	n
	UTING CAPPROX.)  22.	(Month) (Doy) (Y	ear) (Hour) 2 m. V	VHILE AT NOT YORK Inspection	WHILE 21F. HO	ow DID INJURY OCCUR?		in
	UTING CAPPROX.)  22.	(Month) (Doy) (Y	ear) (Hour) 2 m. V	TE, INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE 21F. HO VORK 1 train and and and and and and and and and an	that an this basis, dea		
	O UNDERLYING CA  21D TIME OF INJURY (APPROX.)  22.  I co	ertify that I held an sulted fram: Natural	ear) (Hour) 2 m. V	Inspection Sulcid	WHILE ORK	I that an this basis, deade Undetermined		DATE SIGNED
	UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING 21D TIME OF INJURY (APPROX.)  22.  1 cc res  ACTU SIGNA FYAM	ertify that I held an sulted fram: Natural attures.	Inquiry Couses X	Inspection Suicident M.D.	WHILE 21F. HO ORK 1 TOTAL topsy X one Homici CHIEF MI	that an this basis, deaded Undetermined EDICAL EXAMINER		DATE SIGNED
	UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING EXAM NAME	ertify that I held an sulted fram: Natural all TURE LINER'S (Type) WERNER	Inquiry Causes X	IE. INJURY OCCURRED  WHILE AT NOT ATPA  Inspection Sulcident  M.D.  M.D.	WHILE ORK	that on this basis, deaded Undetermined EDICAL EXAMINER EDICAL EXAMINER	l manner 🗌	DATE SIGNED 5-9-67
	UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING EXAMPLE OF INJURY (APPROX.)  22.  1 cc res  ACTU SIGNA FYAMPLE OF INJURY	ertify that I held an sulted fram: Natural sulted f	Inquiry Causes X	Inspection Suicident M.D.	WHILE ORK	that an this basis, deaded Undetermined EDICAL EXAMINER		DATE SIGNED 5-9-67
	UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING 21D TIME OF INJURY (APPROX.)  22.  1 cc res  ACTU SIGNA EXAM NAME 23A. BURIAL C REMOVAL (Spec	ertify that I held an sulted fram: Natural sulted f	Inquiry Causes X A U. SPITZ,	Inspection Suicident Calvery	WHILE ORK	d that an this basis, deade Undetermined EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER 23D. LOCATION  Brooklyr	(City, town, or	DATE SIGNED  5-9-67  county) (Stote)  and
2 5	UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING 21D TIME OF INJURY (APPROX.)  22.  1 cc  RES  ACTU SIGNA EXAM NAME EXAM NAME EXAM NAME 23A. BURIAL C REMOVAL (Special Company) BUT 18 24A. DATE REC	ertify that I held an sulted fram: Natural sulter Struck (Type) WERNER (Type) WERNER REMATION, 238. DATE city)	Inquiry Causes X A U. SPITZ,	Inspection Suicident M.D.  M.D.  C. NAME of CEMETERY of	WHILE ORK TO THE MASSISTANT MI ASSOCIATE M	that an this basis, deaded Undetermined EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER 23D. LOCATION	(City, town, or	DATE SIGNED  5-9-67  county) (Stote)  and  ADDRESS

670004620 VS 151-REV. 1/1/65



P	-9-	0	0
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval to death, the remains are embalmed or find disposition is made.

67 4620		CITY HEALTH DEPARTMENT		67 4620
BIRTH NO.  M.E. CASE NO.	CERTIFIC	CATE OF DEATH	H Registered No.	01 3000
I, NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Type or Print) Pear	Pack	.5.	-7-67	1
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE B. CO	Where deceased tived. If it	nstitution: residence before admission
FULL NAME OF (II not in hospital or insti HOSPITAL OR address at location) INSTITUTION	tution, give street			BORAL and give (ownship)
00		D. STREET ADDRESS	(If rural, give location)	<u> </u>
1208 Mc Eldenny Co	unt	1208 Nº 1	Elderny Co	urt
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Fenale Colored V	Nidow IND OF BUSINESS OR INDU	10-20-190		12. CITIZEN OF
dane during mast of working life, even if retired)	m 1			WHAT COUNTRY?
HouseKeeper	Athorne	Balticone	Mdi	7.5.A.
3. FAIRERS NAME				
John Benson 5. Was Deceased Ever in U. S. Armed Forces?		Ella Walk	er	
5. Was Deceased Ever in U. S. Armed Forces? Tes, no ar unknown (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			A	Parall C.
18 // -	218-16-114-2	turs-School	oyens 1324 Ni C	INTERVAL BETWEEN
420.0 CONDITION DISTORY		L OI DEATH		ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	(1)	Fur - 500 -	Tic Heart Du	7
(This daes not meon the mode of dying,	, e.g., DUE TO	ma occur	776 7607 7722	
heart failure, asthenia, etc. It means the di	sease,			
injury or complication which coused death.	(8)			
ANTECEDENT CAUSES	DUE TO	මේ ජිත්තය හා සි පැහැරුම්ගතාගතයා වැඩ රා පැවැත සහ සි සහ සහ සම සහ පැහැ සහ රා සි යා යා පැත සම් සහ සා සහ ස		
DISEASES OR CONDITIONS, if ony,				
rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	ј ше (С)	•••••••••••••	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING SUM	retes melle	Pess	7.
2 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o		FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D		IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e home, form, lactory, stree	e.g., in or about 21C. WHERE DI	D (If in Boltimor	re City, give exact location)
U				
21D. TIME (Month) (Doy) (Year) (Hou			INJURY OCCUR?	
(APPROX.)	While At Not	While Vork		
22 I servite shee (I) (shie has incl)		7eh 25	106/ . 5	-7 1967
22. I certify that (I) (this haspital) atter	11-12	17	196/ ta 2	
that (I) (we) last saw the deceased aliv		,		inlan death accurred an the c
and have and fram the causes stated ab	ove. (I) (We) (did) (did	et) view the bady after dea	ith.	
23A. SIGNATURE	- 10			23B, DATE SIGNED
19	- 2/1/M.D.	Attending Med. Director	Stoff Phys.	5/11/67
23C. PHYSICIAN'S		23D. ADDRESS	/ / // /	
Bernard Horris	s Sv	1.0. 1202 N	Corolii	1657
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24	D. LOCATION (C	City, town, or county) (State
REMOVAL (Specify)	01 0		h - h	10 10
	Mt. Calvary C	emetery A	NNE Anunda	ol Co. Md.
	AME OF REGISTRAR	25C. PUNERAL DIREC		
MAY 1 1 1967 R	Q. B. E. Salver	1. Raudaleli	Weollick 24:	31E.OliverSt.
VS 150-REV. 1/1/65	7 6 / 0 1	1 1 6 77		

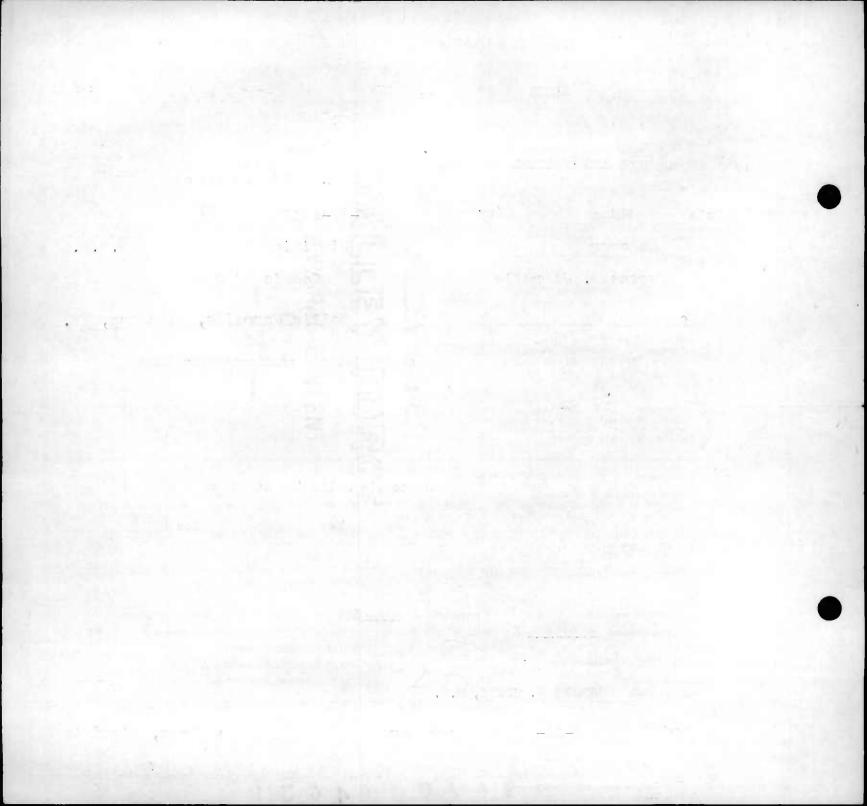


D	1201	BALTIMORE CITY HEALTH DEPARTMENT
	Deg of	BIRTH NO. 67 4621 CERTIFICATE OF DEATH Registered No. 267 27649
	and leati ase th Suc	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH  (45 - PM)
	f de ecea on h. S	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	ospita 6 of 5) Dec ince o Jeath.	A. STATE B. COUNTY
	D 0 0 D	FULL NAME OF (If not in hospital at institution, give street hOSPITAL OR oddiess at location) INSTITUTION  (If outside city limits, write RURAL and give township)
Moore		D. STREET ADDRESS (If rural, give location)
1110	red in uting ed cau ar att prior de.	1016 W. VINE STREET
Son	occurrection of the contribution of the contri	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthday)   Months Days Hours Min.
-	CELODS	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF
The same	or co ndete s in r dece	done during most of working life, even if retired)  MHAT COUNTRY?
	D _ D 0 8	13. FATHER'S NAME
· E		marion Liller. MADDIE - Tiller.
MED		15. Was Deceased Ever in U. S. Armed Pices? (Yes, no a) unknown) (If yes, give war a) totes all service)  16. SOCIAL SECURITY NO.
RT	SS:	NO POLICE + OLD RECORD
4 MEDIMPORTAN	or his ass Also, if t re of any I nounced attendan Imed or fi	DISEASE OF CONDITION DIRECTLY  CAUSE OF DEATH  UARIX  INTERVAL BETWEEN ONSET AND DEATH
28	Also e of noun atter med	LEADING TO DEATH (A) ESOPHAGEAL HEMORHAGE
S &	ner. actur pron ular mbali	
0	rine frac o p gul	healt failule, asthenia, etc. 11 means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B) AENNEC S CIRRHOSIS
SED	A A P	DISEASES OR CONDITIONS, if ony, giving
SE	al e x (3)	rise Ia the abave couse (A) stating the (C)
20	medical e burns; (3 physician an was ir	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA		TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
S. N.	by a 2) Body re the physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
. J.	== ===	OR CONTRIBUTING CAUSE OF CAUSE
	A N N N N N N N N N N N N N N N N N N N	DEATH (notify medical examiner)etc.)  D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	5 5 4 4 5 E	Vhile At Not While At Work
	こち マメビゼ	22. 1 certify that (1) (this hospital) attended the deceased from 5/9 (DOA) 1967 to 5/9 (DOA) 1967
	of arrot all (e); (h); (be o	that (1) (we) last saw the deceased alive on 5/4/67 (DOA) 19 and that in (my) (our) apinion death accurred an the date
		and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	3 0.0 5	23A. SIGNATURE  23B. DATE SIGNED  AM.D. Attending Med. Stolf
	rele acci a h r to	23 O'PHYSICIAN'S  23 O'PHYSICIAN'S  23 Director Phys. Director Phy
	certificate mody was released.  D.O.A. at a based prior to	TARY LEE NOBELM.D. UNIV. MARYLAND YOUR
	### \$ € 0 € E	24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
		Burial 5-1767 Cra Calle Cert Wester Salar Noth Caroline
	This the I show was dece	25A. DATE RECOMMENDED TO SELECTION ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
		VS 150-REV. 1/1/65

(mag) 1/2 (mag) 1/2 (mag) 1/2/2/2

10	6		
1	6	1	1
7	1 B	Same	6

J-640	M.E. CASE NO.	CERTIFICATE OF DEATH Registered No. 67 462					
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	ALGIE JARRE						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss B. COUNTY  Maryland	ian)				
	FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET   HOSPITAL OR   ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
3.	CHURCH HOME AND HOSPITAL - DOA	Baltimore  D. STREET ADDRESS (If rural, give location)	_				
- 1	4	14 N. Washington Street					
- 4	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr, If Under 24 Months, Days, Hours, M					
	Male White Divorced	7-21-1912 56	,,,				
	10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRED done during most of working life, even if refired)	WHAT COUNTRY?					
	13. FATHER'S NAME	Virginia U.S.A.	-				
	Eugene A. Jarrelle	Caddie Sims					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS	_				
	No	Hollis Jarrelle, Staunton, Va.					
	18. 4 20 1 1 3 22 ,0 CAUS	SE OF DEATH INTERVAL BETWEE					
	DISEASE OR CONDITION DIRECTLY		In				
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	riosclerotic cardiovascular disease					
	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT · CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO		*****				
	UNDERLYING CONDITION LAST.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBITING		_				
		e alcoholic intoxication					
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  Yes  Yes  Yes  Yes					
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), affice bldg., INJURY OCCUR?					
	21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	D 21F, HOW DID INJURY OCCUR?					
	22.	Autapsy 🗓 and that an this basis, death in my apinian					
10.5	resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner						
	ACTUAL 11/6.	CHIEF MEDICAL EXAMINER DATE SIGNED	)				
	SIGNATURE MECHANISM.	D. ASSISTANT MEDICAL EXAMINER X					
	EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER 5-9-67					
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
	Burial 5-11-67 Rose Par	rk Wolftown, Virginia  [24C. EUNERAC DIRECTOR ADDRESS ACCURATE CONTROL					
	MAY 12 1967 R.O. & E. Falleyna	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	VS 151-REV, 1/1/65	- I was	7				



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

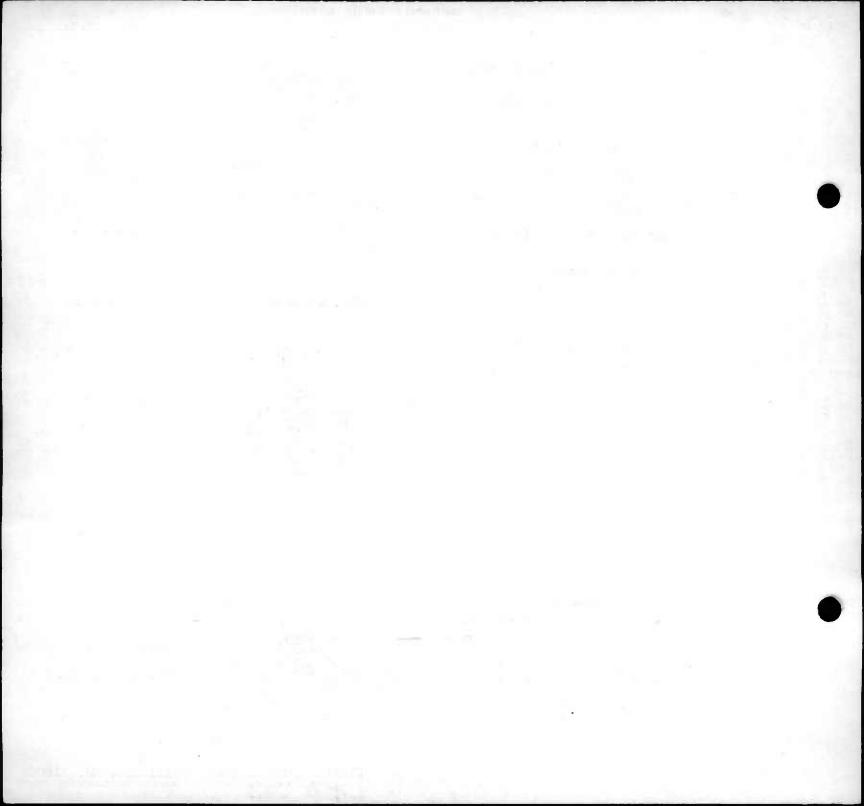
ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

Ullrich Funeral Home, Baltimore, Md. 21206



of death Deceased

attendance on th

75	1001	BALTIMORE CITY HEALTH DEPARTME	NT 67	1691
4	ыкти но. 67 4624	CERTIFICATE OF DEAT	TH Registered No.	306/2
Such	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	ZEMAN 2.DA	TE AND HOUR OF DEATH	1 10 30 AM
death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE		titution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	c. CITY OF JOWN	(If outside city limits, write RI	JRAL and give township)
prior to	(t) 11	D. STREET ADDRESS	M rural, give location)	0/-01
0	5. SEX 6. RACE T. MARRIED, NEV		Ridge croft	If Under 1 Yr., If Under 24 Hrs.
s mo	Female White Widow	ved 7-26-9	3 lost birthdoy)	Months Doys Hours Min.
deceased ition is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State	or foreign country!	12. CITIZEN OF WHAT COUNTRY?
sposit	13. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME	UNITED STATES
dis		SOCIAL 17. INFORMANT	L. F-44	ADDRESS
=	(Yes, no or unknown)  If yes, give wor or dotes of service)	SECURITY NO.	P. P. Hee Bo	13 Woodles Ave
attendance med or fina	18. 33/X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
atter	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) CVA		
	(This does not mean the mode of dying, e.g., healt failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO 2	u. newma	
regular re emba	ANTECEDENT CAUSES	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
_ 8	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	. ng 04 na na na 8 na 8 8 na na 8 na 8 na 8 na	AA
ın was ir remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		-	
an	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	H OPERATION 20 A. AUTOPSY? (Yes	S OF NO. 208, IF YES, WERE FI	SES OF DEATH?
No phy	OR CONTRIBUTING CAUSE OF CELC.)	CE OF INJURY le.g., in or obout 21C. WHERE rm, foctory, street, office bldg., INJURY OCC	DID III in Boltimore	City, give exoct locotion)
d (6) N	W OF INJURY		ID INJURY OCCUR?	
tain (	[APPROX.] Work	☐ At Work ☐	(2	
; an	22. I certify that (中) (this hospital) attended the d	_ /	and that in (my) (aux) anin	ian death occurred on the date
ath)	and haur and from the causes stated abaye. (M) (W			The desired on the deli-
o death); I must be o	23A. SIGNATURE	M.D. Attending Med.	Stoff Phys.	23B. DATE SIGNED
or to	20C, PHYSICIAN'S NAME (Type)	23D. ADDRESS	L rnys. 4	3/1/6/
deceased prior to written approval	JOHN R, VAUGHN			PITAL
sed n a	REMOVAL (Specify)		24D. LOCATION ICity	y, town, or county) (State)
ritte	Burial May 8/67 Oak			
ф ×	MAY 1 2 1967 ( P. P. B. 2	Foreign Wilrich F	uneral Home Bal	timore

1967

VS 150-REV. 1/1/65

J. , Jil

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(Ť,	NAME OF DEC	CEASED ELF	BY	s.	RALS'	ION		6, 1967	ED DEAD	8:17 A	
				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give locoson)  1303 Wohler Way							
HC							6				
C							7.54				
5.	SEX	6. RACE			NEVER MARRIED IVORCED(specify)	B. DATE OF BIR	-: 4	9. AGE (In years lost birthdoy)		Pr. If Under 2	
10/	Male	White UPATION (Give kind	of work 10B.	Wido	wed BUSINESS OR INDUSTRY	22 Nov	7 1893	73	12. CITI2	ZEN OF	
dor		working life, even if	retired)		ruction	Pennsy	rlvania MAIDEN NAM			AT COUNTRY?	
	WAS DECEASE	John Ralst	ARMED FOR		16, SO CIAL	17. INFORM ANT	r		ADDRES	is	
(Ye	s, no or unknown	(If yes, give wor	or dotes of		SECURITY NO. 23614 6627 A	Paul I	E. Ralst	on, 39 N. Ch	hurch,	, Keiper,	w. v
	18. 4	0.0 / .			CAUSE	OF DEATH				INTERVAL BETV	VEEN
	DISEAS	SE OR CONDITI	ON DIRECT	LY						ONSET AND D	EAIH
	(This does n	not meon the m	ode of dvin	na e.a.	(A) Arteri	osclerot:	ic Cardi	ovascular Di	iseas		
	(This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)										
	injury or cor	mplication which c	oused deoth.	diseose,	DUE 10						
	injury or cor	ANTECEDENT OF CONDITION	CAUSES S, IF ANY, (	diseose,	(B)						
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EDICAL CERTIFI	OTHER SIGITOR THE DISEASE OF INJURY (APPROX.)  10 Injury or control of the property of the pro	ANTECEDENT OF CONDITION E ABOVE CAUSE NG CONDITION  INIFICANT CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONTRIBUSE OF DEATH.  (Month) (Doy)  tify that I held of the condition of condition of condition of contribuse of condition o	CAUSES S, IF ANY, ( (A) STATIN LAST.  ITIONS CON OT RELATER AUSING IT. B. CONDITIC AS PERFORM  (Year) (H	GIVING AIG THE  ATRIBUTING D TO TH  DN FOR W AED  21B. PL home, etc.,)  Hour)  21f. WH m. WG	(B)	IN OR	WHERE DID RY OCCUR?  HOW DID INJU  and that on the cide U  MEDICAL EX	IN CERTIFYING CAUSE  (If in Boltimore City, given the control of t	ve exoct I	EATH?	ED
MEDICAL CERTIFI	OTHER SIGITO THE DISEASE OF INJURY (APPROX.)  21. A CTUAL SIGNAT EXAMIN NAME (A. BURIAL CREA	ANTECEDENT CONDITION  ANTECEDENT CONDITION  OR CONDITION  E ABOVE CAUSE  NG CONDITION  II  NIFICANT CONDI  DEATH BUT N  R CONDITION  CAUSE WAS  OR CONTRIB- USE OF DEATH.  (Month) (Doy)  tify that I held  LURE  URE  URE  URE  URE  VERNOR  123B. D	CAUSES S, IF ANY, (1) (A) STATIN LAST.  ITIONS CON OT RELATER AUSING IT. B. CONDITIC AS PERFORM  (Yeor) (H)  on Inquir rol couses	GIVING AG THE STRIBUTING D TO THE STRIBUTING D	(B)	Note that the second of the se	MEDICAL EX	IN CERTIFYING CAUS	ve exoct I	DATE SIGN	
WEDICAL CERTIFIE	OTHER SIGI TO THE DISEASE OF INJURY (APPROX.)  21.A. EXTERNA UNDERLYING UNING CAU  21.D. TIME OF INJURY (APPROX.)  22. I cert resul  ACTUAL SIGNAT  EXAMIN NAME (*A. BURIAL CREIMOVAL (Specify Durial	ANTECEDENT CONDITION  ANTECEDENT CONDITION  OR CONDITION  E ABOVE CAUSE  NG CONDITION  II  NIFICANT CONDITION  R CONDITION  CAUSE WAS  OR CONTRIB- USE OF DEATH.  (Month) (Doy)  tify that I held  lted from: Natural  URE  URE  URE  VERNICON  VERNIC	CAUSES S, IF ANY, (1) (A) STATIN LAST.  ITIONS CON OT RELATER AUSING IT. B. CONDITIO AS PERFORM  (Yeor) (H)  on Inquir rol couses  ATE 9-67	GIVING AG THE STRIBUTING D TO THE STRIBUTING D	(B)	WHILE 21F. 1  COPSY OF HOMIC CHIEF ASSISTANT ASSOCIATE OF CREMATORY  Memorial	MEDICAL EX	IN CERTIFYING CAUS  (If in Boltimore City, gi  URY OCCUR?  is bosis, death In m  Undetermined monne  (AMINER   XAMINER   XAMINER   COCATION (City, gi	ny apinia er , town, or	DATE SIGN	

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was D.O.A. shows: (1)

BALTIMOR	E CITY	HEALTH	DEPARTMENT

	TH NO. 67 4626			HEALTH DEPARTMENT	Destaurad Na	67 4626	
	TH NO. 0 / 40.00		CERTIFICA	TE OF DEATH	Registered No		
1. N	AAAE OF DECEACED	MOES	inger			25	
31	FULL NAME OF III not in hospital		ave street	A. STATE B. COUNTY	leceosed lived. 11 in:	stitution; residence before odmission	
11 1	NORTH Charles	n1		1001/1200 re	21212	RURAL ond give township) 27-38	
	49	*		**************************************	XXXXXXXXX		
5. 5	FW	WIDOWED	NEVER MARRIED  DO LU & CI	9-3-83 005	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work of during most of working life, even if relired)  RETIRED House			11. BIRTHPLACE (Stote or foreign Mary)		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
	αρακαρουρικας J	oseph W	ielert	xácicico	kotkototot Ma	ry M. Berger	
15. (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown! (If yes, give wor or dote	ces? s of servicel	212-01-3705	NOISTH Char	les Gener	ADDRESS al hosp	
	DISEASE OR CONDITION DIR	RECTLY	CAUSE O	ngrene rt. 1 P. Bladder.	Peof.	INTERVAL BETWEEN ONSET AND DEATH	
	(This does not meon the mode of heart failure, asthemia, etc. It means injury or complication which coused	a	yterioese/erosis	1			
	ANTECEDENT CAUSES		DUE TO	Urinary			
	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.	,	(C) CA	Bladder			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	ATED TO TH					
ERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERI		WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	OB. IF YES, WERE I	FINDINGS CONSIDERED	
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21 B. hom etc.	e, form, factory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Boltimore	City, give Vict locotion!	
MEDI	21D. TIME   Month!   Doy!   Yeor! OF INJURY (APPROX.)		INJURY OCCURRED  ile At Not While tk At Work		Y OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased from 5-3 19 67 to 5-10-19 67 that (I) (we) last sow the deceased alive on 5-10-19 13 19 67 and that in(my) (our) opinion death accurred on the date.						
	and hour and from the causes state						
	23A. SIGNATURE 4/6 LEONAR.	D FlAX	M.D. Atte	ending Med. Sto	off ys.	5-10-67	
	23C. PHYSICIAN'S NAME (Type) LEONAL	96 F		230. ADDRESS 2702 N Charl			
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 5/13/6		ame of CEMETERY of CRI		ATION (C) Baltimore	ty, town, or county) (Stote)	

5/13/67.

25C. FUNERAL DIRECTOR

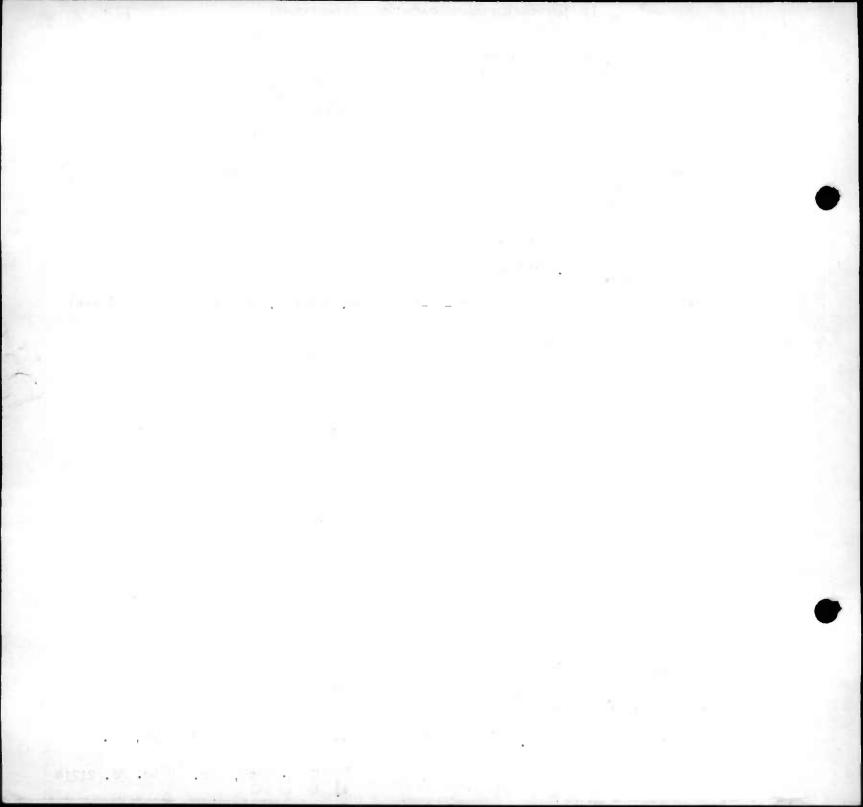
ADDRESS

Baltimore, Md.

Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV, 1/1/65

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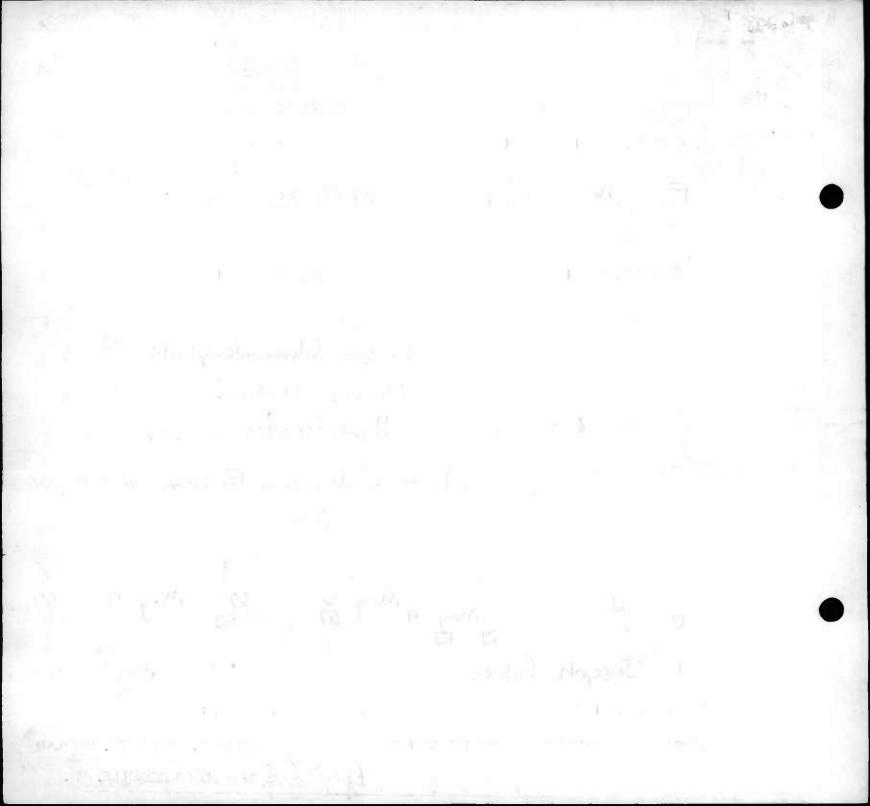
	CHAN LOUVE	BALTIMORE CITY	HEALTH DEPARTMENT		67 1000				
	BIRTH NO. 67 4.627	CERTIFICA	TE OF DEATH	Registered Na	402/				
	M.E. CASE NO.  1. NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH					
	(Type or Print) John F. Gah	les		-9-67	8:10 P. M.				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived, If insti Y //	tution: residence before admission)				
	FULL NAME OF (If not in hospital or institution, give	street	C. CITT OR TOWN (II outs	d					
	INSTITUTION		C. CITT OR TOWN (III outs	V = 219	RAL ond give township)				
	40	1 //	D. STREET ADDRESS (If it	rol, give location)	2				
	South Baltimore GENEral	Hosp.	6/0/ Ching	uapiN,	Park way				
	5. SEX 6. RACE 7. MARRIED, NI WIDOWED, I	EVER MARMED DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (If years II Under Yr. II Under 24 Hrs Months Days Hours Min.						
	10A, USUAL OCCUPATION GIVE KIND OF BU	ISINESS OF INDUSTRY	1-2- 903	G H.	12. CITIZEN OF				
	done during most at warking lite, even if retired)	/	The state of the state of the state of	0	WHAT COUNTRY?				
	13. FATHERS NAME	DUPNER	14. MOTHER'S MAIDEN NAM	[w.	ODA				
	F. Gahles		Managh	-+ ?					
	15, Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	Margar.	E L	ADDRESS				
	(Yes, no or unknown) (It yes, give wor or dates of service) No	security No. 409-03-3473	Mrs. Agnes C. Ga	ahles	(Same)				
	18.	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A	- Leave no	1	Leeve				
	(This does not mean the mode of dying, e.g.,	DUE TO	(A) (COACE IC CAIR	010010 CO CHOC 6					
	hearl loilure, asthenio, etc. It means the disease, injury or complication which coused death.)		toma managhan	11000 1000					
	ANTECEDENT CAUSES	DUE TO	bank viscolan	Herinanhae					
	DISEASES OR CONDITIONS, if only, giving rise to the obove couse (A) stoting the	B ANTI	emoschenorie	conduvacci	J and				
	UNDERLYING CONDITION lost.			diseas					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	TO THE DEATH BUT NOT RELATED TO THE								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED				
?	U 21A. ACCIDENT WAS UNDERLYING 21B, PL	ACE OF INTURY (e.g. in	or obout 21 C. WHERE DID	(It in Beltimore	City, give exact location)				
:	OR CONTRIBUTING CAUSE OF home,	lorm, foctory, street, off	fice bldg., INJURY OCCUR?	Will bound	ony, give exact tocomon.				
į		JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
	OF INJURY (A PPROX.) While Work	At Not While							
	22. I certify that # (this hospital) attended the	22. I certify that ##(this haspital) attended the deceased from 3-16 1967 to 5-9 1967.							
	that (we) last saw the deceased alive an				an death accurred on the date				
	and haur and from the causes stated above. (1) (	We) (did) (did nat) v	iew the bady after death.						
	23A. SIGNATURE	M.D. Atte	nding Med. —	itoft [	23 B. DATE SIGNED				
;	Day A. Oliny	Phys	Director 23 D. ADDRESS	hys.	3-10-67.				
	23C. PHYSICIANS NAME Type	) M.D.	C 1/ 1/2	1/:	Pralano 1 1/20				
	24A. BURIAL CREMATION, 24B. DATE /24C. NAM	E al CEMETERY of CRE	South 1)a MATORY 24D. LO	CATION (City,	, lown, or county) (State				
	REMOVAL (Specify)	ey Valley Ce		Baltimon	re, Md.				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	_	ADDRESS				
	MAY 12 1961 Oblact	E. talley MA	Leonard J., Ruc	k, Inc. Balt	to. Md. 21214				
	VS 150-REV. 1/1/65	10	1 1 0 0 0						



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



		0100	1000		-	BALTIMORE CITY	HEALT	DEPARTMENT	r		e5.140		
н	TH NO.	67	4629			CERTIFICA	TE C	F DEATH	H R	Registered No		7	4629
1, 6	E CASE NO. IAME OF D pe ar Print)	ECEASED								OUR OF DEAT			
		21050	3 PHINE	=	PAK	6VICH				5-10	-67		5:55 A M.
3.	PLACE OF D	DEATH IN 8	ALTIMORE, MA	RYLAND			A. STA	AL RESIDENCE (V	Where dec O <b>UNT</b> Y	ceosed lived. If	institution: re	esiden	ce befare odmissian)
	FULL NAME		not in hospital	or institution	, give stre	eet	MA	PULAND					
	HOSPITAL O	R oc	ldress or location				C. CITY	OR TOWN (1)	foutside	city limits, write	e RURAL one	d give	township)
	2						1	ALTIMOR	HE			4	5-36
1	00						3110			give location)			
4	twech	HOME	H CAA.	105717			-		-	RTW41	1 51	,	
5. :	SEX	6. RACE		7. MARRIE		MARRIED RCED (specify)	B. DATE	OF BIRTH		3E (In years birthdoy)	If Unde Months	Doys	If Under 24 Hrs. Haurs Min.
	M	W		)	NIDE	JV	1-	1-95		71			
			(Give kind of wark e, even if retired)	10B. KIND	OF BUSIN	ESS OR INDUSTRY	11. BIRT	HPLACE (State or	fareign co	ountry)	12. CITI		F DUNTRY?
0011			MAKER					DOL-LAI	1D				. A.
13.	FATHER'S N	_	1-11 1	1			14. MO	POLAN THER'S MAIDEN	NAME				
		(7	=110	/ t . \ 1=									
15.	Was Dacans	ed Ever in 1	J. S. Armed Fore	KWK	16. so	CIAL	17. INFO	RMANT				ADD	RESS
(Ye	s, no or unkno	wn) (II yes.	give wor or dote	s of service	SE	CURITY NO.	177 1147 0	A.W.A.W.				700	
	No				210	-07-2792		hony Harr	is 43	318 Newp	ert Av	e. :	21211
	//	0.0	I .			CAUSE	F DEATH	1					T AND DEATH
	DISE		ONDITION DIR	ECTLY		Car	455	DAI	F				
	(This does		the mode of	dvina. e.c	a	(A) C	ice D	FAL	4)00	Via		*****	EARS
	heart foilur	e, asthenio	, etc. II meons which caused	the diseos				6.					
	injury or c	,		dedm.,		(B) CATO	DIA	C ARR	YTH	MIA			
	5.054.050		DENT CAUSES			DUE TO			/				
			cause (A)		_	IS ART	ER10	SCLEROTT	c A	AT DISE	ASK	C	EARS
			ITION lost.									1	
_			H			_							
ATION	OTHER SIG	DEATH I	CONDITIONS C	ONTRIBUTI	N G THE								
	DISEASE C	R CONDITI	ON CAUSING I	Т.			170.4		N. 17 001				
ERTIFIC	IVA. DATE	OF OPERATI	ON 198. CON		WHICH	OPERATION	20 A.	AUTOPSY? (Yes a		B. IF YES, WER CERTIFYING C	AUSES OF	DEATH	SIDERED 1?
CER	21A ACCI	TENT WAS	UNDERLYING	1 2	18 PLACE	OF INJURY (e.g.,	n at obaii	121C WHERE DIE	D .	(If in Rolling	are City, giv		et location)
AL	OR CONTR	IBUTING	CAUSE OF	' h	ome. form,	foctory, street, o	ffice bldg.	INJURY OCCUR	R?	(II III DOMINI	are city, giv	e exoc	.1 1000110117
U	DEATH (not												
MEDI	OF INJURY	(Manth)	(Doy) (Year)			Y OCCURRED		21F. HOW DID	INJURY	OCCUR?			
<	(APPROX.)				Vhile At [	Nat Whi							
	22. I certi	fy that (I)	(this hospital	) ottended	the dec	eased from		4-15	19 6	7. to	5-10	>	1967
							-10 19	67 ond				th ac	curred on the date
						(did) (did not)	(						
	23A. SIGNA		^			,					23 B. DA1	TE SIG	NED .
	1	K.M	Anand	arh.		M.D. Att	ending	Med. Director	Stoll	2		51	10/67
	23C. PHYSIC	IAN'S	11.00.00			rn	23 D. ADE		_ Phys.			1	0/0/
	NAME	(Type)	1-110	NA	: A 1	M.D.		Church	he	me vo	hoter !	9	
24/	A. BURIAL C	REMATION.	124B. DATE	NUH	1 77 17		FAAATORY	12.45		130	Ut maye		Ma.
-4/	REMOVAL	(Specify)				CEMETERY of CR			D. LOCAT			or cou	nty) (Stote)
	Buria		5-13-67			Heart of				more Mai	ryland		JI,, 1
25/	A. DATE REC	D BY HEAL	TH DEPT.	25B. NAME	OF REGI	SIRAR		FUNERAL DIREC		k4 T005	Dundal		DDRESS
		MAY	1361	Window	1 -27	CONTRACTOR POR		Valter Dal	DIOWS	K1 1003	Panagi	LK P	rvenue
VS	150-REV. 1/	1/65			Con .	100	6.1	()	63				

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A. W. Armedian K-H ANANDATAH

VS 150-REV. 1/1/65

OWN	BALTIMORE CITY HEA	ALTH DEPARTMENT		67 4636	
BIRTH NO. 67. 4630	CERTIFICATE	OF DEATH	Registered No	4030	)
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH		
Type or Print) ANTHONY ZIM	SAUAGE	MAY	8,1967	5:50	PIN
PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Where STATE B. COUNTY	deceased lived. If insti	lution: residence before	odmission)
FULL NAME OF (If not in hospital or institution oddress or location)		MARYLAND CITY OR TOWN (If outside	BACTIN e city limits, write RU	PAL and give township)	- 1
3 8		BALTIMOR	6	2/-	01
UINIVERSITY HOSPITH		1 - 0	STREET	(21230).	
SEX 6. RACE 7. MARRI	ED, NEVER MARRIED 8. D	ATE OF BIRTH 9.	AGE (In years		er 24 Hrs.
MA	VED, DIVORCED (specify)	N. 8, 1879	birthday 88	Wonin's Doys Hours	rviin,
A. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if refired)		BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
Coal MINER &	Paul Sout L	ITHUANIA		2.5 H	
FATHER'S NAME	14.	MOTHER'S MAIDEN NAME			T.I
unlarma		-undrow.	C 1		
. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	NFORMANT		ADDRESS	
NO -	14-20-4987 2	Ella Waste	m-609 x	bett St-1	2/231
18. 450,01	CAUSE OF DE	ATH	1	INTERVAL BETY ONSET AND D	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acido	00-	+14. TE	10	
(This does not mean the mode of dying, e.	(A) DUE/TO	is the organ	mes forant la	my so years	
heart failure, asthenia, etc. It means the diseo injury or complication which caused death.)		A D		30 11	
ANTECEDENT CAUSES	(B)	and School	* x = = = = = = = = = = = = = = = = = =	30 "	
DISEASES OR CONDITIONS, if any, givi	DUE TO				
rise to the above couse (A) stating to UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED	
2+A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in or	about 21 C. WHERE DID	(If in Boltimore (	City, give exact lacation	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	name, form, factory, street, office	bldg., INJURY OCCUR?	William William William	on, give exect leconon	
	RIE, INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?		
	While At Not While Nork				
		10	XII. 5/a		67
22. I certify that (I) (this hospital) attende that (I) (we) lost saw the deceased alive o	the deceased from	19,	6.710	21	9
			in(my) (our) opini	an death accurred at	the do
and hour and from the causes stated above	(i) (me) (did) (did not) view	the body after death.	To	38. DATE SIGNED	
Janes (la	M.D. Attending	Med. St.	off I	3/0/17	
23C. PHYSICIAN'S	/ rnys.	Director Ph	ys.	10/0/	
NAME (Type) James Ar	Nold M.O.	Elini. 1	Longs		
REMOVAL (Specify) 24B, DATE 24C	NAME of CEMETERY OF CREMA	TORY 24D. LOC	ATION (City,	lown, or county)	(Stote)
Jurial 5/12/67 X	oly Carro to enete	ny Ritche	why sh	lyn med	
SA. DATE REC'D BY HEALTH/DEPT. / 25B, NAM	E OF REGISTRAR	250. FUNERAL DIRECTOR		ADDRESS '	
THE LA STOLL WE WANTED	TY 2" ADVE USA FLB	111-11-11-	/ //	C/A 1 -11. 01	i i

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(1) (3) (S)

MARYLAND, BACKINGER.
BALTIMORE
LOC9 Scott Street

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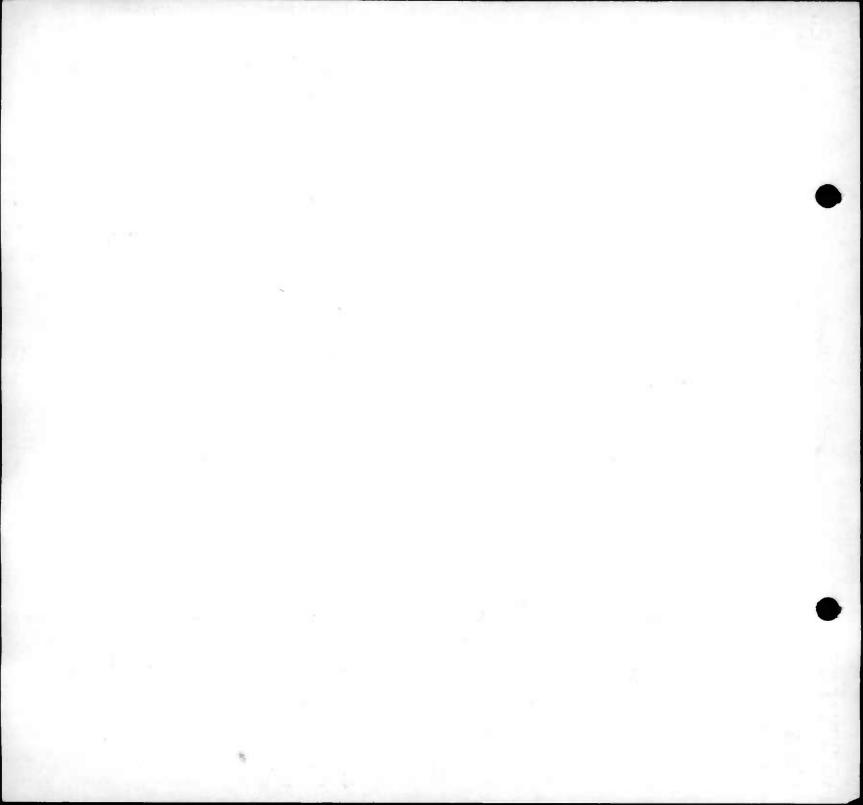
MALE CLARAST WILDOWS

Jan. 8, 1879 . 86

LITHUANIA

( De 28/4)

	017	1001		BALTIMOR	E CITY H	EALTH DEPA	RTMENT		CIT	46	004	
BIRTH NO. M.E. CASE N	67 4	1001		CERTIF	ICAT	E OF D		Registered		4(	001	
Type or Print	DECEASED	Mollie	Bowen					nd hour of dea 9, 1967	ATH		9:15	p ,
PLACE OF	DEATH IN BALTI	IMORE, MARYLA	AND			L USUAL RESI	B. CDU	ere deceased lived. NTY	If institution:	esidence	before odn	nission
FULL NAME HOSPITAL	OR oddres	in hospital or in is or location)	nstitution, giv	re sheet		Maryla City or To Baltim	WN (If or	utside city timits, w	rite RURAL on	d give to	waship	
0	1321 1	Edmondso	n Ave		Ī	. STREET ADD		ruiol, give locotion	1-1			
sex emale	6. RACE Colore		MARRIED, N WIDOWED, Widowe	EVER MARRIED DIVORCED (spec	ify)	pril 5,		9. AGE (In years lost birthday) 89	If Unde Months	Doys	If Under Hours	24 His Min.
	OCCUPATION (Given only of working life, even tic	ren if retired)		Family		Baltimo			WH	S.A	INTRY?	
FATHERS Mos	NAME ses K. Bo	ston			1.	Almi	ra Gil					
es, no oi unk	nown) (If yes, give	Armed Forces?	f service)	6. SOCIAL SECURITY NO.		1 INFORMANT	-1			ADDRE		
No				None	USE OF		mira M	iller 132	1 Edmon	dson	Ave	
ODTHER TO THE DISEASE	IN CONDITION  IN	OUSE (A) SIG	TRIBUTING TO THE					o) 208. IF YES, W	ERE FINDINGS	CONSI	DERED	000000041
0		WAS PERFOR						IN CERTIFYING				
OR CON	CIDENT WAS UNITRIBUTING CAL	USE OF	21 B, P home, etc.)	form, foctory, st	r le.g., in lieet, offic	e bldg., INJUR	HERE DID Y OCCUR?	(If in Bol	timore City, giv	ve exoct	location)	
21 D. TIM OF INJU (APPRDX	RY .)	Poy) (Year) (F	White	Α.	ot While t Work			JURY OCCUR?				
that (1)	22. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							he do				
15	ele	- 64	140	MS MI	Phys.		Med. Director	Staff Phys.	5-	11-	6)	)
NA		lliam H.		4	M.D.		. Arli:	ngton Ave				
REMOV	CREMATION, 24 /AL (Specify)	B. DATE 5/13/67		tus Memo:				butus	Balto	Co.	Md	Stotel
25A. DATE R	MAY 12	1967 (R	Day &	REGISTRAR Landrey	MAO	Herbe	rt E.	Nutter 3	035 W.		h Ave	



IMPORTANT DIRECTOR: FUNERAL

Was

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH d. If institution: residence before admission) (If outside city limits, write RURAL and give fawnship If Under 24 Hrs. If Under 1 Yr. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ... and that in (mx) (aur) opinion death accurred on the date 23 B. DATE SIGNED HOSPITAL (City, town, or county) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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	CD 40	(31)	BALTIMORE CITY	HEALTH DEPARTMENT		67	AC 22	
	TH NO.	33	CERTIFICA	TE OF DEATH	Registered Na	07	4000	
1. N (Typ	pe or Print)	an No	ralloy	5/9	HOUR OF DEATH	(	1.55 F	7
3. P	PLACE OF DEATH IN BALTIMOR	E, MARYLAND	0	A. SIATE B. COUNT	disceased lived. If inst	itulian: raside 	rnca bafare adm	nissia
F	FULL NAME OF (If not in ha HOSPITAL OR address ar I NSTITUTION	spital ar institution, lacotion)	give street	C. CITY OR TOWN , Ilf outs	side city limits, write RU	JRAL and giv	ra tajwyship)	7
1	X	•		D. STREET ADDRESS OF O	urol, give/locotipe)		11-0	/
	mayland	quil la	wyitel	925 Cal	unt (Pe	uk fe	il N.F	1.
5. S	n w	WIDOWE	D. DIVORCED (specify)	411183	8 4	If Under 1 Months Da	ys Hours /	Min.
	USUAL OCCUPATION (Give kind eduring most of working life, even if re	stired)	usto <b>dáan</b>	11. BIRTHPLACE (State or foreig	n country,	12. CITIZEN WHAT	COUNTRY?	
13. (	FATHERS NAME			14. MOTHER'S MAIDEN NAM	NE .			
	trank t	nalla		hegriell	-o all	esin		
	Was Deceased Eva in U. S. Arm s, na ar unknawn) (If yes, give war		6. SOCIAL SECURITY NO.	17. INFORMANT	3000		DRESS	Mo
	NO 18.	, sec.	212-10-9748 CAUSE OF	Mrs. Dorothy Har	meyer, 1300		Rd., Joj	
	DISEASE OR CONDITIO	N DIRECTLY	CAUSE OF	DEATH			SET AND DEAT	
	LEADING TO DI	EATH	(A) th	40 Caddle	al inta	uct		
	(This does not mean the ma							
	injury or camplication which c			O				
	ANTECEDENT CA		DUE TO	9 describition in a ser in an an annu annu annu 9 an	***************************************			
	rise to the above cause							
	UNDERLYING CONDITION (a	st.						
ATION	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO T	NG HE					
ERTIFICA	19A. DATE OF OPERATION 198		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CO	NSIDERED TH?	
CALC	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (natify medical exominer)	AE - LA	B. PLACE OF INJURY (e.g., in me, farm, foctary, street, aff i.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	()f in Baltimora	City, give ex	(oct location)	
MEDI	21 D. TIME (Manth) (Day) OF INJURY (APPROX.)	w	E. INJURY OCCURRED  hile A1 Not While ark At Work	21F. HOW DID INJU	JRY OCCUR?	-1		
	22. I certify that (I) (this hospital) attended the deceased from 5/8 1967 to 5/9 1967							
	that (I) (we) lost saw the de	ceased olive an	519	19ond the	t in(my) (our) apini	ian death o	ccurred on th	he d
	and hour and fram the cause	s stated above.	(I) (We) (did) (did nat) v	ew the bady after death.				
	23A. SIGNATURE	01 -	M.D. Atte	nding Med.	Staff 🗔	23B. DATE S	IGNED	
	Daniel C	ulle	Phys	. Director	Phys. 2	5/	9/67	,
	23C. PHYSICIAN'S NAME (Type)	11 11-0	1000 a- M.D.	121 Reac	ANT CAN			
24A	BURIAL CREMATION, 248. DA	MI 24C. N	AME of CEMETERY OF CRE		CATION (City	, tawn, at co	ounty) (S	State
	REMOVAL (Specify)			Jon		Harf		Md
25A	A. DATE REC'D BY HEALTH DEPT	25B. NAME	rinity Lutheran	25C. FUNERAL DIRECTOR	F -	1,002,1	ADDRESS	111
	185V 4 B 40	6% Raport	E Fallenna		Comas & San	Alex		
VS	150-REV. 1/1/65	M. Jack Street Street		Howard K. Mc	VUIIIAS & SON	ADINE	don, Md.	•

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22.			BALTIMORE CITY	HEALTH DEPARTMENT		017 401
BIRTH NO.	<b>67</b> . 463	5	CERTIFICA	TE OF DEATH	Registered No.	67 4635
M.E. CASE NO.  1. NAME OF DI  (Type or Print)					ND HOUR OF DEATH	1/25 p
3. PLACE OF D	EATH IN BALTIMORE, MA	YLAND		4. USUAL RESIDENCE (Whe	ne deceased lived. If in	stitution; residence before admission
FULL NAME HOSPITAL O INSTITUTION	BALTIMORE CIT	HOSPIT	-	MARYLAND		RURAL and give towyship)
31	4940 EASTERN A BALTIMORE, MAH		21224		rural, give location) T ST. 21224	
5. SEX	6. RACE WHITE	7. MARRIED, WIDOW	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bibbdoy)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
	CUPATION (Give kind of work at working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of fore MARYLAND	ign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S N	AME			14. MOTHERS MAIDEN NA LEONA	ME	
5. Was Deceas Yes, no or unkno	ed Ever in U. S. Armed For wn) (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT BCH: RECORDS	4940 EASTI	ADDRESS ERN AVENUE 21224
1B. 5	? /- / I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OF CONDITION DIF	RECTLY	40	LAPNINGC'S	Cirrhosi	5 ? 20 yra
heorf foilur	nof mean the mode of e, oslhenio, etc. If means amplication which coused	the diseose,	DUE TO	Laennec's		110
	ANTECEDENT CAUSES		(B)	thronic Alc	oholian	70 912
rise lo	OR CONDITIONS, if the obove couse (A) NG CONDITION last.		(C)			
TO THE	II SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO TH	G UTI EA	rab sepsia		/ week
19A. DATE	OF OPERATION 19B. CON WAS PER		WHICH OPERATION	NO NO	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF hily medical examiner		ie, form, foctory, street, o	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltiman	e City, give exact facation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo)		ile At Nat While		JURY OCCUR?	
22. I certi	fy that (1) (this hospital	Pattended t	he decegsed from 5	76	1967 to 5/	8 1967
	e) lost saw the decease				nat (in (my) (our) opi	nion death occurred on the da
and hour	and from the causes sto	red above (	(We) (did) (did not)	view the body after death.		
23A. SIGNA	liam a. E	merso	Phy		Stalf Phys.	23B. DATE SIGNED
23C. PHYSIC NAME TOD	(Type)	TIP C ON			ORE CITY HO	
	WILLIAM A. EM		M.D.			UE BALTO, MD. 2122
ZAA. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY or CR	EMATORY 24D. I	OCATION (C	ity, town, or county) (State)

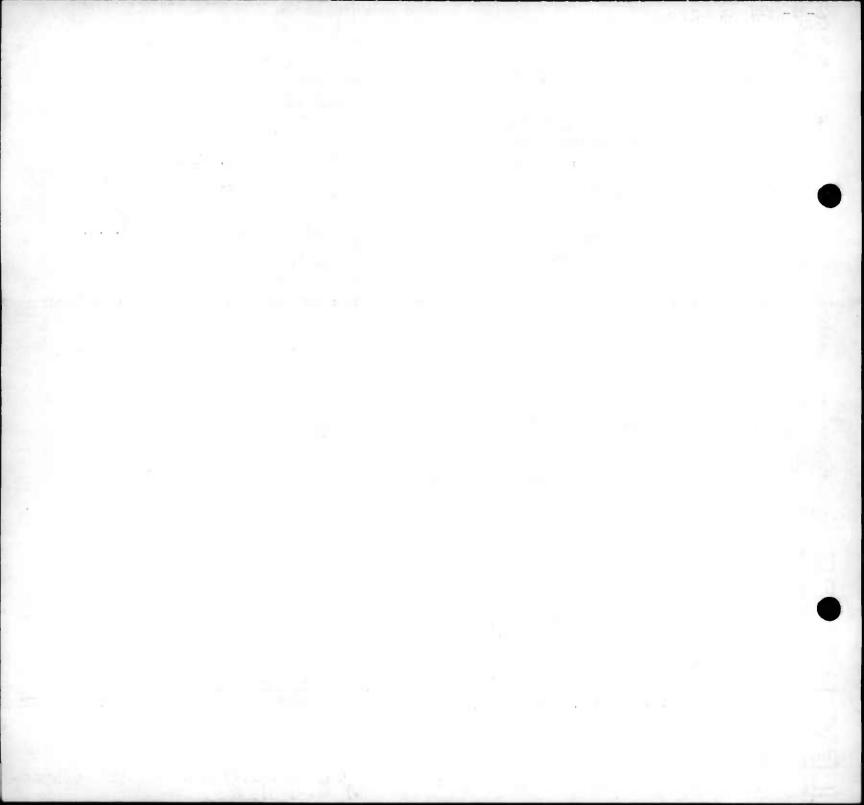
7 Haly Ro 25A. DATE

med

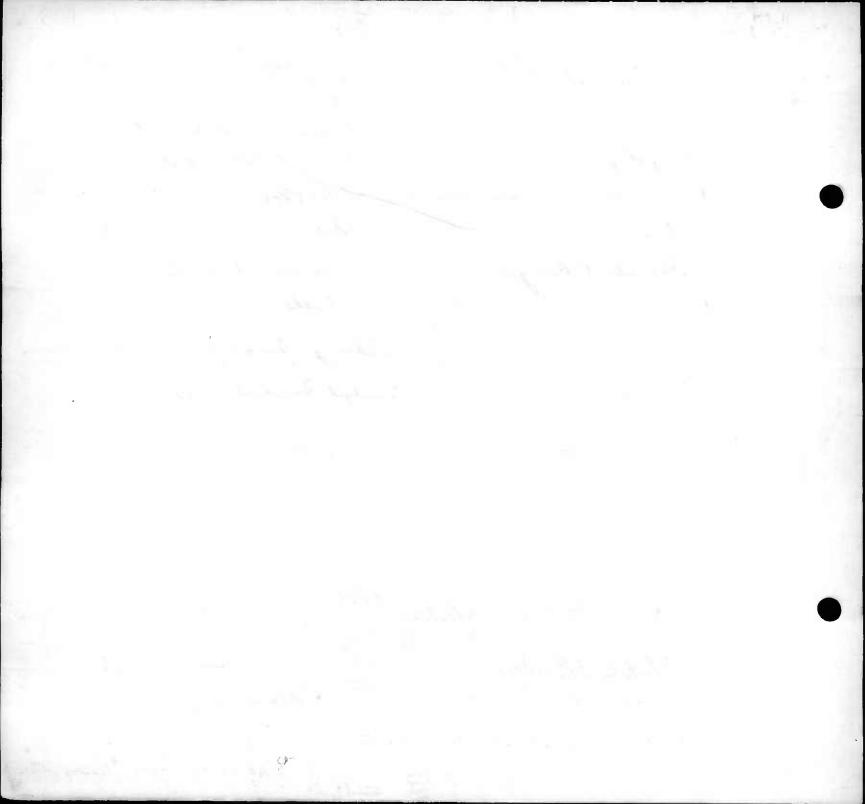
REC'D BY HEALTH DEPT. 2 190 CREW MAR 25C. FUNERAL DIRECTOR

ADDRESS 300 mure

VS 150-REV, 1/1/65



67-09230	BALTIMORE CITY	HEALTH DEPARTMENT		67 4636 9
BIRTH NO. 67 4636	CERTIFICA	TE OF DEATH	Registered No	07 3000
N.E. CASE NO.	1/	2. DATE AN	D HOUR OF DEATH	7.
ype or Print) Body Buy Co	Manay	5/10,	167	2 2 A N
PLACE OF DEATH JN BALTIMORE, MARYLAND		A, STATE B. COUN		stitution: residence before admission) Bulla Co
HOSPITAL OR oddress or location)	onon, give succi		side city limits, write R	RURAL ond give township)
meny Hogo			Weses Par	(
M WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Vene Mussel	5/9/67 9pm	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10B. KI the during most of working life, even if retired)  New born	ND <b>O</b> F BÜSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	4
alexander Collaway		Frances	Bhat	rola
, Was Deceased Ever in U. S. Armed Forces es, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	cl-	ADDRESS
18. 2.31	CAUSE C	F DEATH	70003	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Erlmay Inn	1-1	/1
(This does not meon the mode of dying,	LEADING TO DEATH  (This does not meen the mode of dying, e.g., DUE TO			5 dr 18 ma
heart failure, asthenia, etc. It means the di				
ANTECEDENT CAUSES (B)		needized Iramake	nty (12.70 gm	x-1
DISEASES OR CONDITIONS, if ony,	giving			
rise to the obove couse (A) statin				***************************************
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE			
		20A. AUTOPSY? (Yes or No	20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	1) 21 E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that (1) (this baspital) atte	nded the deceased from	5/9/67	19ta	5/10/67 19
that (I) (we) last saw the deceased oliv	/		ot in (my) (our) opi	nion death occurred on the de
and haur and from the causes stated ob				
23A. SIGNATURE				23B. DATE SIGNED
Chestic Collens In	M.D. At	tending Med. Director	Stoff Phys.	5/10/67
23C. PHYSICIAN'S NAME (Type) CHESTER C	OLLINS M.D	23D. ADDRESS men	y Mons	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	REMATORY 24D	OCATION (C	ity, town, or county) (Stote)
Burial 1/1/67	Gardeno of Fa	th o	1	med.
25A. DATE REC'D BY HEALTH DEPT. 25B.	SAME OF REGISTRAN	25C FUNERAL DIRECTOR	mully &	appress Essex - 2
/S 150-REV. 1/1/65			*	



1. NA	ME OF DEC	EASED					2. DATE AND	HOUR PRONOUNCE	ED DEAD	
RO	BERT	C.			RMANN	II. HOLLAL BEGI	May 9	, 1967		6:30 P. M.
	NAME OF	MORE, MARYL			JTION, GIVE STREET	A. STATE Ma	ryland	B. COU	YTAC	dence before admission)
HOSPI	TAL OR	ADDRESS	OR LOCAT	TON)	THE STREET			e corporate limits, write	e RURAL o	nd give township)
	702 Gla	dstone A	Avenue	2		D. STREET ADD	ltimore	give location)		61-10
	1							tone Avenue		
5. SEX		6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)		7 Yr. If Under 24 Hrs. Doys Hours Min.
Ma		White		Widow	wer	Mar. 23,		72		
done d	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)  Store Manager  13. FATHER'S NAME				Baltimo	re, Md.		12. CITIZ	EN OF	
13.78	INCK'S IVANI		an E.	Elterma	ann	14. MOTHER'S A		A. Rockel		
	15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown), (If yes, give wor or dot			FORCES?	16. SO CIAL	17. INFORMANT			ADDRES	S
(Yes, n	No No	tit yes, give we	vor or dotes	of service)	215-09-9234	Dr. John	H. Elte	ermann, 814	Cathe	dral St.
18.	1/3	9 1			CAUSE	OF DEATH				INTERVAL BETWEEN
	heart failure, injury or com	LEADING TO of meon the osthenio, etc. oplication which	O DEATH mode of lit means h coused de	the discose, eath.)	DUE TO	iosclerot	ic Card	iovascular l	Diseas	se.
FICATION	DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE	ot meon the ostherio, etc., aplication which NTECEDENT OR CONDITIO E ABOVE CAU IG CONDITIO	O DEATH mode of It meons h coused of CAUSES DNS, IF AN JSE (A) STA DN LAST.	dying e.g., the disease, eath.)  NY, GIVING A TING THE  CONTRIBUTIN A TED TO T	OUE TO  (B)  DUE TO  (C)	iosclerot	ic Card	iovascular l	Diseas	se.
IFL	DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE	of meon the ostherio, etc., aplication which NTECEDENT DR CONDITIO CONDITIO II I	O DEATH mode of It meons h coused do CAUSES DNS, IF AN JSE (A) STA DN LAST.  NOT REL CAUSING	dying, e.g., the discose, eath.)  NY, GIVING ATING THE  CONTRIBUTING ATED TO T  IT.	OUE TO  (B)  DUE TO  (C)	20A. AUTOPS	Y? (Yes or No)	iovascular I	NDINGS (	ON SIDERED
CAL CERTI	A DISEASES CRISE TO THE UN DERLYIN OTHER SIGN TO THE DISEASE OR A, DATE OF	of meon the ostherio, etc., aplication which NTECEDENT DR CONDITIO CONDITIO II I	O DEATH mode of It meons h coused do CAUSES DNS, IF AN JSE (A) ST/ DN LAST.  NOT REL CAUSING 198. CONE WAS PERFO	dying e.g., the discose, eath.)  NY, GIVING A TING THE  CONTRIBUTINATED TO T  IT.  DITTON FOR YOUR ACTED  21B.	(B) DUE TO  (C)	20A. AUTOPS NO in or obout 21C.	Y? (Yes or No)	208, IF YES, WERE FII	NDINGS C	CONSIDERED EATH?
MEDICAL CERT	A DISEASES CRISE TO THE UN DERLYIN OTHER SIGN TO THE DISEASE OR A, DATE OF	of meon the osthenio, etc., aplication which NTECEDENT OR CONDITIO E ABOVE CAU G CONDITIO	O DEATH mode of It meons h coused do CAUSES DNS, IF AN JSE (A) STA DN LAST.  NOTITIONS C NOT REL CAUSING 1198. CONE WAS PERFO	dying e.g., the discose, eath.)  NY, GIVING ATING THE  CONTRIBUTINATED TO T IT.  DITION FOR TORMED  (Hour) 2	OUE TO  (B)	20A. AUTOPS NO in or obout 21C. iffice bidg., INJUE	Y? (Yes or No)	208. IF YES, WERE FI IN CERTIFYING CAU: If in Boltimore City, gi	NDINGS C	CONSIDERED EATH?
MEDICAL CERT	A DISEASES OF COMMENT OF THE SIGN THE DISEASE OF A, DATE OF A, EXTERNAL NDERLYING TING CAUSE OF COMMENT OF CAUSE OF CAUS	ot meon the osthenio, etc., application which NTECEDENT DR CONDITIO E ABOVE CAU IG CONDITIO E ABOVE CAU IG CONDITION OF ATT CONDEATH BUT CONDITION OPERATION OPERATION OPERATION (Month) (Do ify that I helped from: Nature Language Conditions of the	O DEATH mode of It meons h coused do CAUSES DNS, IF AN JSE (A) ST/ DN LAST.  NOITIONS C NOT REL CAUSING 198. CONE WAS PERFO  S Oy) (Yeor)	dying e.g., the disease, eath.)  NY, GIVING ATING THE  CONTRIBUTINATED TO T IT.  DITION FOR TO ORMED  (Hour) 2  INTERPRETATION OF THE EACH	DUE TO  (B)	20A. AUTOPS NO in or obout 21C. iffice bidg, INJUE 21F. H WHILE   21F. H	Y? (Yes or No) WHERE DID Y OCCUR?  OW DID INJU  Ind that on thi ide	208. IF YES, WERE FII IN CERTIFYING CAU:  Iff in Boltimore City, gi  IRY OCCUR?  Is bosis, deoth in m  Judetermined monno  AMINER X  KAMINER	NDINGS C SES OF DI ive exoct I	CON SIDERED EATH?
MEDIO AL O. (VA 22)	A DISEASES OF COMMENT OF THE LINE OF THE L	of meon the osthenia, etc., application which NTECEDENT OR CONDITION ABOVE CAU IG CONDITION OF ABOVE CONDITION OF ABOVE CONDITION OF ABOVE CONDITION (Month) (Do ify that I held from: No. 1238, Ruyanton, 1238,	O DEATH mode of It meons h coused do CAUSES DNS, IF AN JSE (A) ST/ DN LAST.  NOITIONS C NOT REL CAUSING 198. CONE WAS PERFO  S Oy) (Yeor)	dying e.g., the discose, eath.)  NY, GIVING ATING THE  CONTRIBUTINATED TO T IT.  DITION FOR YOUR CORMED  (Hour) 2  M. V.  ORMED  S. Fis	DUE TO  (B)	20A. AUTOPS NO in or obout 21C. iffice bidg., INJUE 21F. H OPSY OF Homic CHIEF A ASSISTANT A ASSOCIATE	Y? (Yes or No) WHERE DID Y OCCUR?  OW DID INJU IN THE TOTAL EXAMEDICAL EX	208. IF YES, WERE FILIN CERTIFYING CAU:  Office of the second control of the second cont	NDINGS C SES OF DI ive exoct I	DATE SIGNED 3/10/67
MEDION (A	A DISEASES OR STEER SIGN TO THE DISEASE OR A, DATE OF DISEASE OR A, DATE OR A, DATE OF DISEASE OR A, DATE OF DISEASE OR A, DATE OF DISEASE OR A, DATE OF D	ot meon the osthenia, etc., application which NTECEDENT OF CONDITION OF ABOVE CAUGE CONDITION OF	O DEATH mode of it meons h coused do it meons have been done it means a couse of the coused and it means have been done it means a couse of the coused and it means a coused and it means a coused a c	dying e.g., the disease, eath.)  NY, GIVING A TING THE  CONTRIBUTINATED TO T  IT.  21 B. home etc.)  (Hour)  2 guiry  S. Fis	DUE TO  (B)	20A. AUTOPS NO in or obout 21C. iffice bidg, INJUE OPSY OF Homic CHIEF A ASSISTANT A ASSOCIATE	Y? (Yes or No)  WHERE DID  Y OCCUR?  OW DID INJU  Ind that on this  Ide U  AEDICAL EX  MEDICAL EX  MEDICAL EX	208. IF YES, WERE FII IN CERTIFYING CAU: If in Boltimore City, gi  JRY OCCUR?  Is bosis, death in a Judetermined monner  AMINER X  KAMINER X  KAMINER X  CAMINER X  COCATION (City, gi	NDINGS C SES OF DI ive exact I	DATE SIGNED 3/10/67
TEMO TEMO	A DISEASES (CRISE TO THE UNDERLYIN)  OTHER SIGN TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR A, DATE OF DISEASE OR A, DATE OR A, DATE OF DISEASE OR A, DATE OR A, D	ot meon the osthenia, etc., application which NTECEDENT OF CONDITION OF ABOVE CAUGE CONDITION OF	DEATH mode of it meons h coused do CAUSES DNS, IF AN JSE (A) ST/ DN LAST.  NOITIONS C NOT REL CAUSING 198. CONCE WAS PERFO  S  109) (Yeor)  11 SSE 11  12 J2 J2	dying e.g., the disease, eath.)  NY, GIVING ATING THE  CONTRIBUTING ATED TO T  IT.  DITION FOR TO T  ORMED  218. home etc.)  (Hour) 2  Maguiry 2  S. Fis  23	DUE TO  (B)  DUE TO  (C)	20A. AUTOPS NO in or obout 21C. iffice bidg, INJUS OPSY OF HOMIC CHIEF A ASSISTANT A ASSOCIATE TO CREMATORY emetery	Y? (Yes or No)  WHERE DID  Y OCCUR?  OW DID INJU  Ind that on this  Ide U  AEDICAL EX  MEDICAL EX  MEDICAL EX	208. IF YES, WERE FII IN CERTIFYING CAU:  Ulf in Boltimore City, gi  URY OCCUR?  Is bosis, death in m  Judetermined monno  AMINER X  (AMINER X	NDINGS (SES OF DIEVE exoct I	DATE SIGNED 3/10/67

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A George Lange Carl Co. william

VS 150-REV. 1/1/65

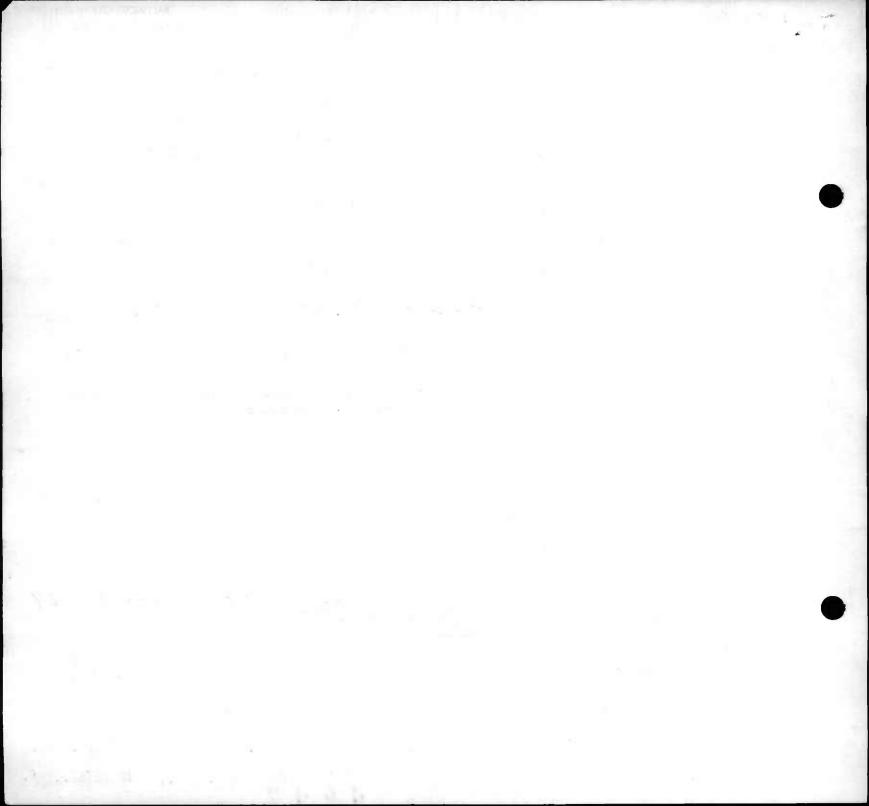
San Service and Park Tilly The experience planner - --

THE SHOWER AND WIND COME & WARPER

BALTIMORE CITY	HEALTH DEPARTMENT 67 4639
BIRTANO. 4639 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED Franklin	2. DATE AND HOUR PRONOUNCED DEAD
GEORGE WATTS	May 8, 1967   9:25 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	Maryland
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 6-05
135 N. Broadway	D. STREET ADDRESS (Il rurol, give locotion)
V V	135 N. Broadway
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male White married	march 9,1918 50-49
to A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INC	WHAT COUNTRY?
done during most of working lite, even if retired) SAlvation Army	Baltimore, MAryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE F. WAHS	mary LAGAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.	17. INFORMANT (Brother -10 - 1938-6:183 ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)  SECURITY NO.  381-07-64	11- 0- El - 11 CIO 1- 1 200 GIES 21.
	CAUSE OF DEATH INTERVAL BETWEEN
1 0000111	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P. d.
(This does not mean the made of dying, e.g., DUE TO	Pulmonary tuberculosis
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CALICES	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No.
UNDERLYING □OR CONTRIB- home, lorm, foctory, st	( (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location) treet, affice bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?
(APPROX.)  WH)LE AT WORK	NOT WHILE AT WORK
00	
resulted fram: Natural causes X Accident S	Sulcide Hamlcide Undetermined manner
ACTUAL CL. L. C.	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles J. Jaget	M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.	D. ASSOCIATE MEDICAL EXAMINER Max 8 1967
NAME (Type) STREET S. SPITINGALE, 11.	
REMOVAL (Specify)	
	Emorial Gardens BEI Air, Harford Co., Maryland 21014
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR W. Groadway & williams St
MAY 12 1967 Of Lab E. Farbeyt	Doseph william Foster BEI Air Many And 2101
AN ANA	The state of the s

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BALTIMORE	CITY	<b>HEALTH</b>	DEPARTMENT

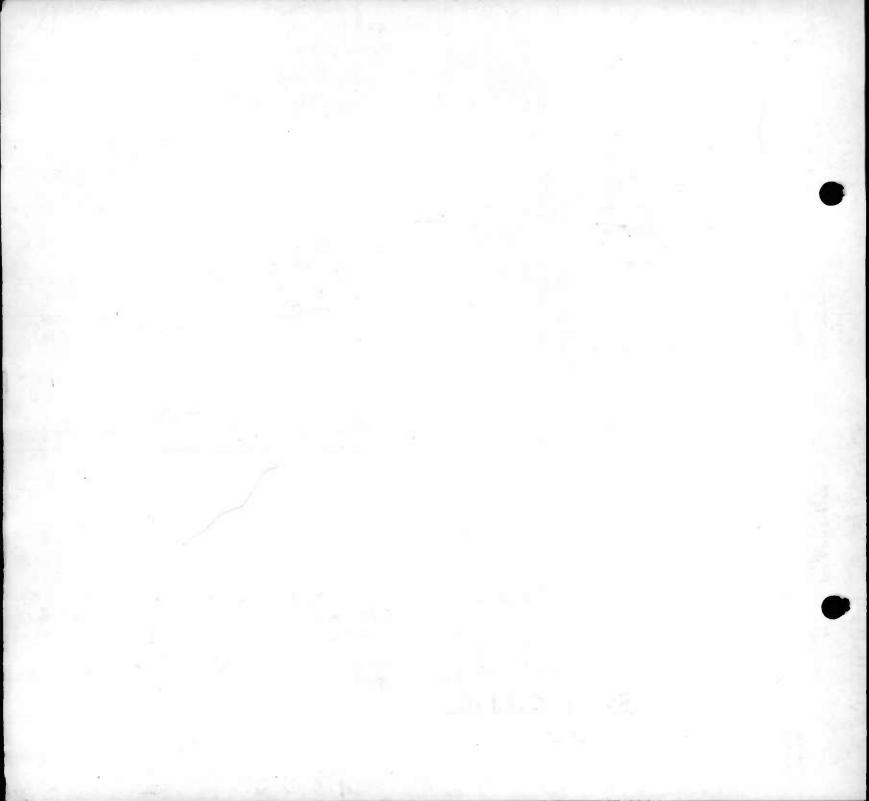
Registered No.	67	4642
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	H NO. 67 4642 CERTIFICA	TE OF DE	EATH	Registered Na	0.4	1044
1, N	AME OF DECEASED		2. DATE AND	HOUR OF DEATH		
(Ту	e or Print) KOLOUSEK, Edward Frank		Ma	y 9, 1967	8:50	P. M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESID	B. COUNT	deceased lived. If in	stitution: residence befo	ne odmission)
	FULL NAME OF (If not in hospitot or institution, give street	Maryla		timore		
	HOSPITAL OR oddress or location)	C. CITY OR TO			RURAL ond give/towns	hig)
'	Veterans Administration Hospital	Baltim	020		(0-	03
	3900 Loch Raven Boulevard	D. STREET ADD	RESS (If n	urol, give location)		
	Baltimore, Maryland 21218	130 N.	Bradfo	rd St.		
5. 5	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRT	TH 9	. AGE (In years	)f Under 1 Yr. If Months: Doys Hou	Under 24 Hrs.
	Male Caucasian Never Married	10-1-9	7	ost birthdoy) 69	Totalians Doy's Inco	
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTI	142
11	e during most of working life, even if retired) Samuel Kirk	Baltim	ore, Ma	rvland	U.S.A.	
	ilver Engraver-Chaser Unknown	14. MOTHER'S A				
.	Edward Kolousek	Sofie	Ruppel			
	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL				ADDRESS	
(Ye	s, no or unknown) (If yes, give war or doles of service) SECURITY NO.	17. INFORMANT				
	Yes 10-9-42 to 3-22-43 218-22-53-48	V. A. Ho	spital,	Baltumore	, Md. 21218	
	18. 420. 1 1 CAUSE C	OF DEATH			ONSET AN	
	DISEASE OR CONDITION DIRECTLY				20.00	
1	LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	piratory	insuffi	ciency	Years	
	heart failure, asthenia, etc. It means the disease,					
		onic obst	ructive	pulmonary		
	DUE TO	dise	ase			~
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)	VD with m	vocardia	al infarcti	on	
	UNDERLYING CONDITION Iosi.					
_	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING IT.	120 4 4117005	Ma (Van ar Na)	208 te vec weer	EINDINGS CONSIDER	:D
ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	No. AUTOPS	17 (1es of 190)	IN CERTIFYING CA	FINDINGS CONSIDER	U
CER	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g.,		HERE DID	(If in Boltimer	re City, give exact loca	tion
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bldg., INJURY	OCCUR?	(11 111 20111110)	o ony, give exect toda	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
U						
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi		OW DID INJU	JRY OCCUR?		
-	(APPROX.) Work At Work					1.00
	22. I certify that XIII (this haspital) attended the deceased from	ecember	71	9 60 to Ma	y 9,	19 67
	that (1) (we) last saw the deceased alive an May 9.	19 67	and the	ıt in (my) (aur) apl	Inian death occurre	d on the date
	and haur and fram the causes stated abave. (I) (We) (did) (did fork)					
	23A. SIGNATURE				23B, DATE SIGNED	
	M.D. A. M.D. A.	tending \( \bar{\chi}\)	Aed.	Stoff Phys.	May 10,	1967
	23C. PHYSICIAN'S	23D. ADDRESS				
	ALLEN JOHNSON M.D.	V.A. Hos	pital,	Baltimore,	Md. 21218	
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	REMATORY	24D. LC	CATION (C	City, town, or county)	(Stote)
	Burial 5/13/67 Holy Redeemen	Cem.	Ba	ltimore,	Md.	
25	A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR					SS
	4444440	Schimi	unek F	uneral Ho	me, Inc.	3
V.	MAY 12 1967 R 25 6 6 4 150 PL	200	OT E.	Madison S		
10			~			

reals all

BIRTH NO. M.E. CASE NO.	MED	ICAL EX	(AMINER'S C	ERTIFICATE	OF DEATH Register	red No. 1040
NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD		
pe ar Print)	ത്തെന്ന് പ്ര	nness R.	WHITESIDE	2	May 7, 1967	1 5:47 A M.
FULL NAME OF	(IF NOT IN HOSPIT	HERE PRONOL		4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
HOSPITAL OR ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  Sinai Hospital				Owings Mills 2/// 5  D. STREET ADDRESS (If rural, give location)  143 Wingate Road		
	working life, even it retired)	KIOB, KIND OI	BUSINESS OR INDUSTRY	Md.	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAA				14. MOTHER'S MAIDER	NAME	
Arthur	M. Ledford			Ruth Virgi	nia Adame	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL				17. INFORMANT ADDRESS Owings Mills		
Yes, na or unknawn	(If yes, give war ar dat	es at service)	217-26-5107	Mr. Wm/ Fran	nklin Whiteside	-143 Wingate Rd.
18.	220		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO THE UN DERLYII  OTHER SIG TO THE DISEASE O	not meon the made a communication, etc. It mean mplication which caused antecepent CAUSE OR CONDITIONS, IF LE ABOVE CAUSE (A) SING CONDITION LAST.  II MIFICANT CONDITIONS IF LE CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING COPERATION [198, CO)	s the disease, deoth.)  ES  ANY, GIVING THE  CONTRIBUTION TO THE  ELATED TO THE  GITATION TO THE  TO THE	IN U	pper Airway.	gment of Upper	
	WAS PE	RFORMED		Yes	IN CERTIFYING CAU	SES OF DEATH? Yes
O UNDERLYING	L CAUSE WAS NOR CONTRIB- ISE OF DEATH.	home etc.)	Home Home	iffice bldg., INJURY OCC	ingate Road	ve exoct location)
21D TIME OF INJURY (APPROX.)	INJURY			Swallowed piece of broken denture.		
ACTUA SIGNAT EXAMI	22.					DATE SIGNED
23A. BURIAL CRE REMOVAL (Specif	MATION, 23B. DATE	23	C. NAME of CEMETERY o			, tawn, or county) (State)
Burial	5/11/6		akeview Memori of registrar	24C. FUNERAL DI		ADDRESS
Z4A. DATE REC'D	DI MEALIN DEFT.	Z4B, NAME	a Francisco			ty Rd. Randallstow

A THE STREET STREET Line NOV. 15, 1928 2638 Waters Between Parking N. S. History the example government in the party of the contract of Mark the second of the second 



VS 151-REV. 1/1/65

24B, NAME OF REGISTRAR

Lincoln Memorial

Suitland, Maryland

Robert G. McGuire - 1820 - 9th St., N.W.

24C. FUNERAL DIRECTOR

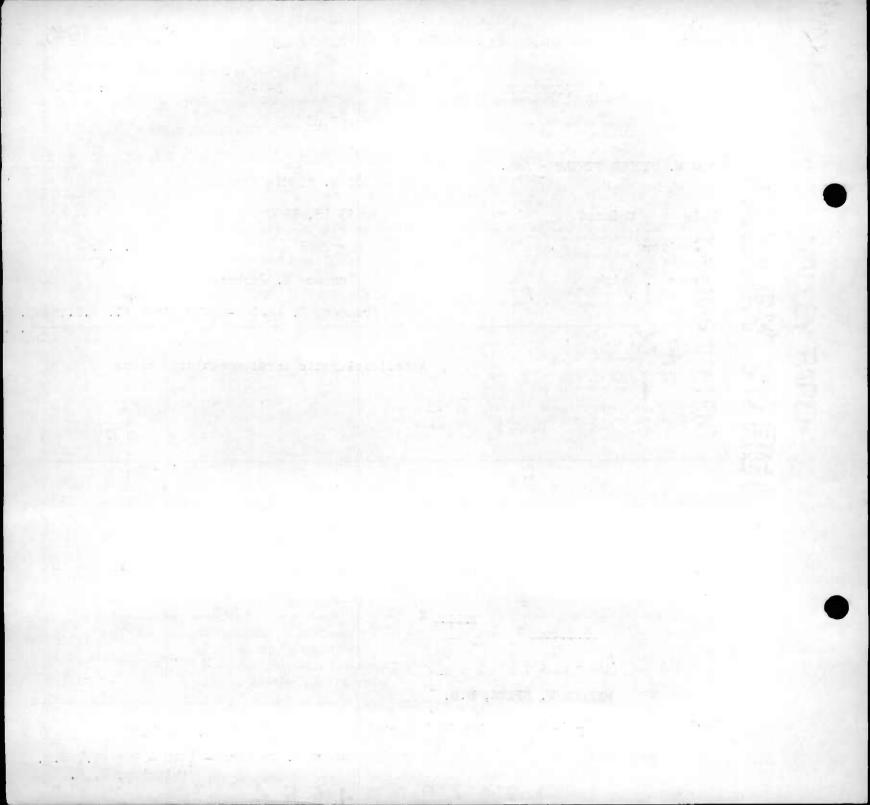
ADDRESS

Washington, D. C.

5-13-67

Burial

24A, DATE REC'D BY HEALTH DEPT.



6	67 4646		HEALTH DEPARTMENT	Registered No.	67 4646
	BIRTH NO. 67 -09114 M.E. CASE NO.	CERTIFICA	TE OF DEATH		
	1. NAME OF DECEASED (Type or Pont) BABY BOY BLOOM	IER	2. DATE AND 57876	7	10:00 P N
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. Il insti	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give	street TAL	C. CITY OR TOWN A OUT	land	4.4.6.
	INSTITUTION TO HAS HOPKINS HO	13// //	anna	side city limits, write RU	RAL and give township)
	32		D. STREET ADDRESS (III	yol, give lacotion)	
de.	5. SEX   6. RACE   7. MARRIED, NE	(FD A4 A001FD	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr If Under 24 Hrs.
mad		IVORCED (specify)	5/3/67	ost birthday	If Under 1 Yr. If Under 24 Hrs. Aanths Days Hauss Min.
disposition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUILdone during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole at fareig		12. CITIZEN OF WHAT COUNTRY?
osit	13. FATHERS NAME	~	14. MOTHER'S MAIDEN NAM	NE .	
isp		P.	mary /x	Bloom	ner
finald	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na at unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
or fi	18. 7 7 7 7	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	6	2 2 A D:	0	ONSET AND DEATH
balmed	(This does not mean the mode of dying, e.g.,	(A) DUE TO	especially Vis	ties Syd	une 7 hours.
	heart failure, asthema, etc. II means the disease, injury or camplication which caused death.)	0	2 1		
еш	ANTECEDENT CAUSES	(B)	renautry		
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION Iosi,			. ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	••••
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
10	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHILE	CH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	
OFe	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If in Boltimare C	City, give exact location)
before	OR CONTRIBUTING CAUSE OF home, f	orm. loctory, street, of	fice bldg., INJURY OCCUR?		
	OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJ	IURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ained	(A PPROX.) White A	At Work		. 00	
obt	22. I certify that (1) (this hospital) attended the d		√	967 10 10 TA	5/5 19.57
pe	that (1) (we) lost sow the deceased alive on	5/8	19.6 / and the	t in (my) (our) opinio	on death occurred on the dat
must	ond hou and from the couses stoted obove. (I) (W	(e) (did) (did not) v	iew the body ofter deoth.	10	3B, DATE SIGNED
		M.D. Atte	ending Med.	Stoff 3	Va/12
Λα	23C.PHYSICIAN'S		s. Director 23D. ADDRESS	Phys	3/0/10/
approval	NAME (Type) IRUN R. COHE	M.D.	JOHNS 140	PKINIS HOSP	1772
	24A. BURIAL CREMATION, REMOVAL (Specily)	of CEMETERY or CRI	MATORY 24D. LC	CATION (City.	town, or county) (Stote)
ten		HOPKINA H	OSPITAL BAL	TIM ORE MA	RYLAND
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R		25C. FUNERAL DIRECTOR	T. DISPOSA	ADDRESS
5	MAY 12 1967 Ole &	7 0	4 6 5 5	דמו חזטד חטד	

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7 4	1647	BALTIMORE CITY	HEALTH I	DEPARTA
4	104/	DI TETTITIONE CITT	***********	DE1 / (1017

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MEDICAL	EVALAINIEDIC	CEDTIEICATE	OF	DEATUR	)
MEDICAL	EXAMINEK 2	CERTIFICATE	OF	DEATH Registered N	10

	E CASE NO		MEDICAL EX	AMINAEK 3 CL	KIIICATE OF	DEATH Registe	760 140.		
_	E CASE NO.	EASED			2 DATE AN	D HOUR PRONOUNCE	FD DFAD		
(Ту	pe ar Print)	Z	EBEDEE	PALMER		11, 1967	4:01 A		
3. 1	PLACE IN BALT	IMORE, MARYI	LAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where A. STATE Mary land	8. COU	itution: residence before odmission) UNTY		
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN ADDRESS	I HOSPITAL OR INSTITU OR LOCATION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside		RURAL and give township)		
1	210	N. Gil	mor Street		Baltimor  D. STREET ADDRESS (If rurol,	, give location)			
5. 5	·EV	6. RACE	7 444 88150	NEVER MARRIED	210 N. G	9. AGE (In years	If Under 1 Yr, II Under 24 Hrs.		
	[ale	Negro		DIVORCED (specify)	1/10/16	lost birthdoy) 51	Months, Doys, Hours, Min.		
	e during most of w	arking life, even		BUSINESS OR INDUSTRY	11. BIR. STLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAM	Driver			Virginia 14. MOTHER'S MAIDEN NAM	E	0 3 A		
	Jeffrie	Palm	ner		Minnie Warm	ock			
15, (Ye:	WAS DECEASE	O EVER IN U.S (If yes, give w	Or or doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
	110			223-16-7939	Mrs Elizabeth	n Palmer,	same		
CERTIFICATION	A DISEASES (RISE TO THE UN DERLYIN  OTHER SIGN TO THE DISEASE OF	osthenio, etc.  nplicotion which  NTECEDENT  DR CONDITIO  E ABOVE CAU  IG CONDITIO  III  NIFICANT CON  DEATH BUT  R CONDITION	INS, IF ANY, GIVING USE (A) STATING THE IN LAST.  IDITIONS CONTRIBUTIN NOT RELATED TO T CAUSING IT.	(B)(C)	tensive Cardiova	SCOTAL PISCO			
	19A. DATE OF		19B, CONDITION FOR Y WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
MEDICAL	21 A. EXTERNAL UNDERLYING	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i , form, loctory, street, o	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct location)		
	(APPROX.)		V	VHILE AT NOT V	WHILE ORK				
	ACTUAL SIGNAT	22.   Certify that I held an Inquiry   Inspection   Autopsy   and that an this basis, death in my apinian resulted fram: Natural causes   Accident   Suicide   Hamicide   Undetermined manner    ACTUAL   SIGNATURE   Charles S. Petty   ASSOCIATE MEDICAL EXAMINER   5/11/67							
	BURIAL CREAMOVAL (Specify	MATION, 23B.		C. NAME OF CEMETERY OF			town, or county) (State)		
24/	Burial	BY HEALTH D	5/15/67 EPT. 24B. NAME	Mt Calvary OF REGISTRAR	Cemetry A	A County	Md		
		MAY 12	1967 R. Cal	J. E. Farker			6 W North Ave		
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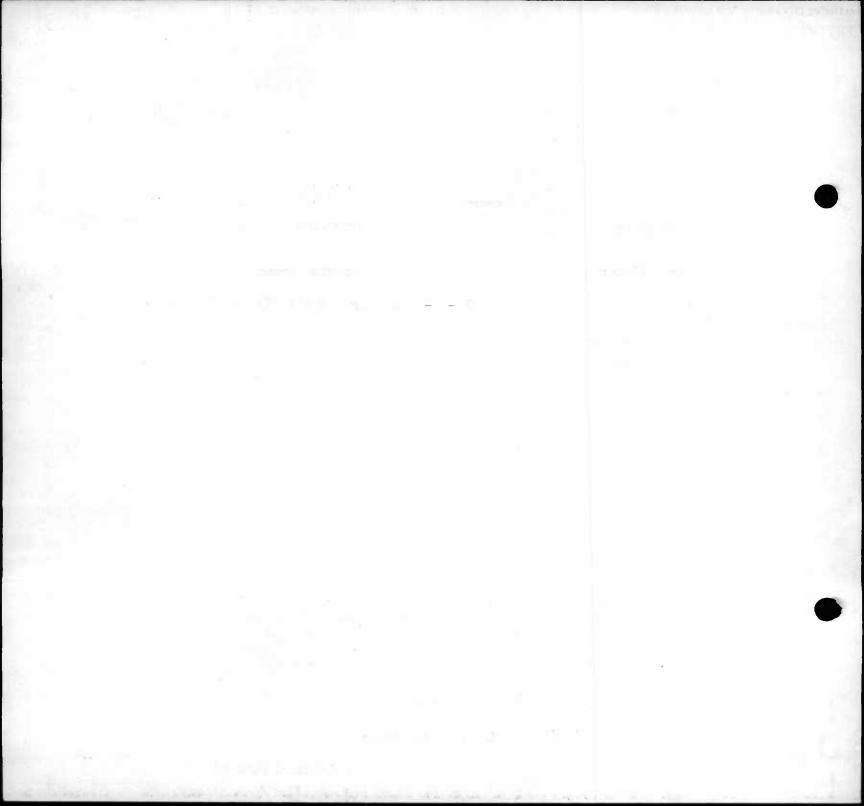
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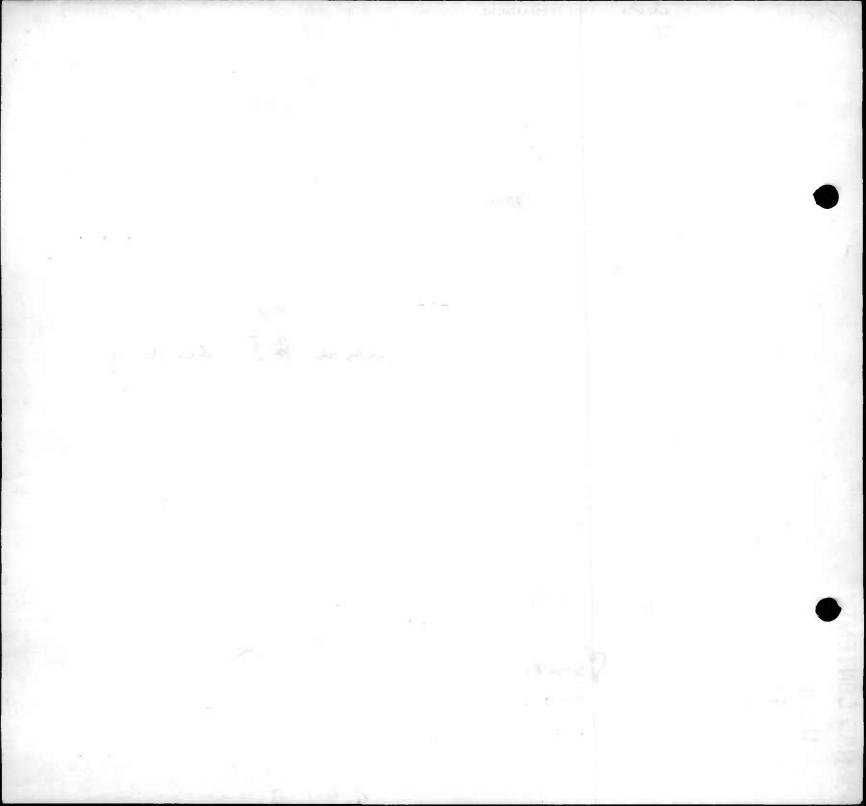
prior to death.

a hospital and

		67. 104						
BIRTH NO. 67 4648	CERTIFICAT	E OF DEATH	Registered No	67 4648				
1. NAME OF DECEASED (Type or Print) FISHER J. E.	MORY	2. DATE AND HOUR OF DEATH 5. 10 b. M.						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived, If institu Y	ution: residence before permission)				
FULL NAME OF (If not in hospital or institution, of HOSPITAL OR address or location)	- 11	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ide city limits, write RUR					
Il dutheran ho.	smfal	61/21/11/01	E 2/22 prol, give locotion)	3				
70		1826 E		ON AVE				
	), DIVORCED (specify)	4/16/90	70	f Under 1 Yr. If Under 24 Hrs.				
tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	n. BIRTHPLACE (Stote or foreign Maryland	n country)	2. CITIZEN OF				
13. FATHERS NAME	14	4. MOTHER'S MAIDEN NAM	E					
Pmory Fisher  15, Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL 17	Maggie Brown		ADDRESS				
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	Mrs Lettie Fish	ner 547 Press	man St				
1B.	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  Subarachira heliotriage								
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	(This does not mean the mode of dying, e.g., DUETO heart failure, asthenia, etc., it means the disease,							
injury ar camplication which caused death.)  ANTECEDENT CAUSES	(B)	IASCYD.						
DISEASES OR CONDITIONS, if ony, giving	DUE TO							
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)			***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  U 21A. ACCIDENT WAS UNDERLYING 1 21B.	3 E							
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED				
OR CONTRIBUTING CAUSE OF hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, office	or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)				
W OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
(APPROX)		50	67 5	9 67				
22. I certify that (I) (this hospital) attended the thot (I) (we) lost sow the deceased olive an	5.4	10 6 7 224	)ta	19				
and hour and fram the couses stated above. (I			r m(my) (dur) apime	n death occurred an the date				
23A. SIGNATURE Dadge ikasa	M.D. Attend	ding Med.		B. DATE SIGNED				
23C. PHYSICIAN'S	23	D. ADDRESS /	Stoff Phys. 🔀	3-7-07				
NAME (Type) MILOS RADO,	TKOVIC M.D.	dushera	u Karzon	tal				
24A. BURIAL CREMATION. 24B. DATE 24C. NA REMOVAL (Specify) 5/16/67 Mt	Calvary Cemet	try A	A County M	town, or county) (State)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	stead 1206 W	NorthAdolas				
MAY 12 1967 10 0. A	E. Stanberthill	Adolphus Hals	stead 1200					



					BALTIMORE	E CITY H	EALTH	DEPARTM	ENT		67	4649	
	но. 67	464	9		CERTIF	ICAT	E OI	DEA	TH	Registered N	0		
, NA	ME OF DECE	ASED						2. D	ATE AN	D HOUR OF DEAT	гн		100
Туре	or Print)	Lyma	s Fook	S					May	9, 1967	1	11:09	ам.
. PL	ACE OF DEAT	H IN BALTIM	ORE, MARYL	AND		4. A	USUA!	RESIDENCE	CE (Where	e deceased lived, t	f institution; re	sidence before	odmission)
HC	LL NAME OF SPITAL OR STITUTION	oddress	hospital ar i or location) dent H			C	. CITY (		land (If out	side city timits, wri	te RURAL and	give township)	
	- 0		Divisi						imore	e			
	37				and 21217	D	. STREET	ADDRESS 2275		nt Street			
S. SE	ale	Negro		WIDOWED		ify)		F BIRTH	ſ	ost birthdoy)	ff Under Manths	1 Yr. If Under Days Hours	er 24 Hrs. Min.
0À. L	SUAL OCCUP	ATION (Give ki	nd of work 10	kIND OF	BUSINESS OR IND	USTRY 11.	BIRTH	LACE (State	e ar foreig	gn cauntry)	12. CITIZ	EN OF	
	during most of we Plumber	orking life, even	if retired)				Mar	yland				S. A.	
	ATHER'S NAMI	E				14.		ER'S MAID	EN NAM	ΛE	0.	D. A.	
		Fooks						elia					•
5. W Yes, r	os Deceased E	ver in U.S.A If yes, give w	rmed Forces or or dates o	? f service)	16. SOCIAL SECURITY NO. 217-20-46		INFOR	WANT				ADDRESS	
	0000					J.L.		Fooks	11111	8/		same	
1		OR CONDIT		TLY	CAL	USE OF D	EATH		Os T	20.		NTERVAL BETWONSET AND DI	
- 1	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)					10/JK		il ,	100	Bli	den	3/	
		NTECEDENT			(B)							<i>_</i>	
	ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving												
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.						. ~							
NOITY	II				-								
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				l	20 A. A		es or No	20B. IF YES, WE				
C	OR CONTRIBUT	WAS UNDER	RLYING OF	21 B. ham etc.)	PLACE OF INJURY e, form, factory, st	(e.g., in a reet, office	about 2 bldg., I	NO 1C. WHERE NJURY OC	DID CUR?	(If in Boltin	nore City, give	e exact location)	
2 0	TD. TIME OF INJURY APPROX.)	Month) (Day	(Year) (			D While Work		IF. HOW	DID INJU	JRY OCCUR?			
2	2 1	has (I) (ship	ha saital) a	_ 1	e deceased from		Tr 9		1	9 67 to	May	9, 15	67
					May 9,			67	ond the	ot in(my) (our)			
0	nd hour ond	from the cou	ses stoted	obove. (I	(We) (did) (did	not) vie	w the b	ody ofter	death.				
2	3A. SIGNATUR	E N								-	23B, DAT	E SIGNED	
		Ve	wil	7	M.C	Attendi Phys.	ng	Med. Directo	or 🗍	Stoff Phys.	May 1	10, 1967	
2	3C. PHYSICIAN NAME (Typ	oe)	Dr.C.I	ared		23 0	ADDR	ESS					
246	BIIDIAL CRESS					M.D. ]		וצועונע	_	treet-Balt			
,	BURIAL CREM REMOVAL (Sp	ecify) 5/	14/67	24C. NA	t Calvary		etry			A County	Md	r county)	(Stote)
≥5A.	DATE REC'D	HEALTH DI	PT. 25	B. NAME O	F REGISTRAR	MS	25C. F	olphus	RECTOR Ha	1stead 120	06 W No	rth A.e	
/5 15	50-REV. 1/1/65			1 0	7 0 1	0	.9 /	F 1	0				



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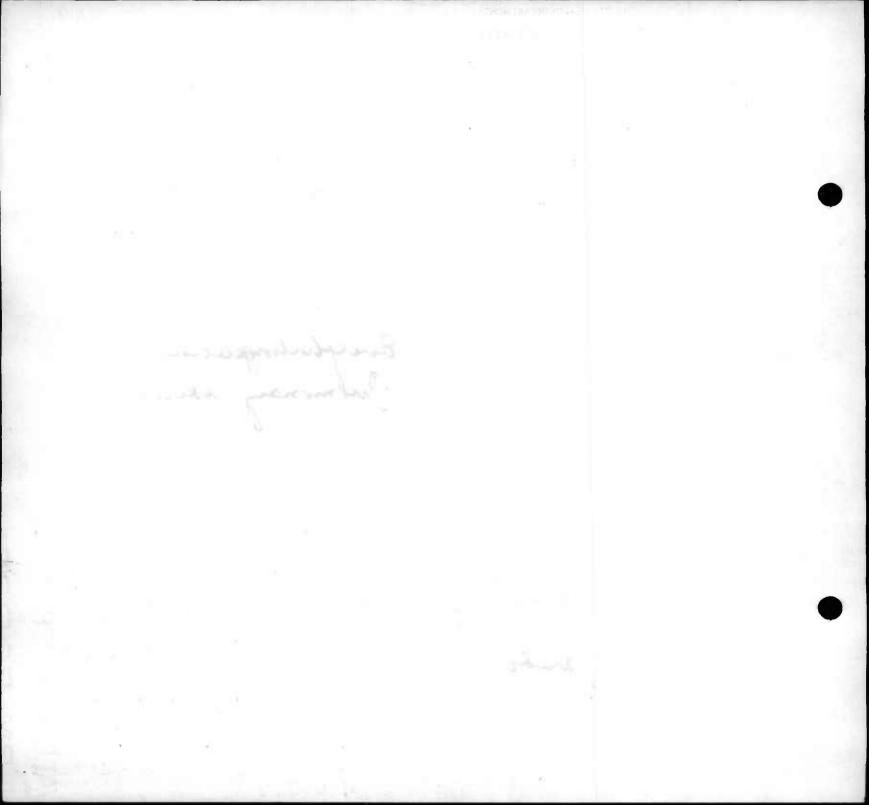
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) Breckenridge, Joseph A. May 9, 1967 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed fived, If institution; residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION Provident Hospital Inc. Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland #21217 2020 McCulloh Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. lost birthday Months: Doys Hours WIDOWED, DIVORCED (specify) Male Negro Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Pearl Breckenridge (wife) Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFI IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIO 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from May 9, 1967 that (1) (we) last sow the deceased alive on... .....and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obave. (1) (We) (did) (did not) view the body ofter deoth. must 23B. DATE SIGNED 23A, SIGNATURE M.D. Attending Phys. Med. Director \_ approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 1514 Division St. Balto. Md. #21217 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Balto. Md. Catheral Cem. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS uneral Home 1348 Calhoun helson VS 150-REV, 1/1/65



4651 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) CHARLES LASSERY May 10, 1967 1:50 P 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) 1704 Laurens Street 1704 Laurens Street 9. AGE (In years 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 His. 5. SEX 6. RACE Months Days Hours Min. lost birthday WIDOWED, DIVORCED (specify) Male Negro 81 9-13-85 widowed 10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY)11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME "illiam Lassery Mariah 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17. INFORMANT 16, SOCIAL (Yes, no or unknown), (If yes, give war or dates of service) SECURITY NO. 7168187 Madeline hose INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Luetic CardiovascularDisease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). ON CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No CAL 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) m. WORK 22. I certify that I held an Inquiry Inspection X Autopsy and that on this bosis, death in my opinion HomicIde \_\_ Undetermined monner resulted fram: Natural causes X Accident Suicide CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X 1'ell SIGNATURE 5/11/67 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) 23D. LOCATION 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY (City, town, or county) REMOVAL (Specify) Paryland Mt. Auburn Cem. Baltimore, 5-13-67 Burial

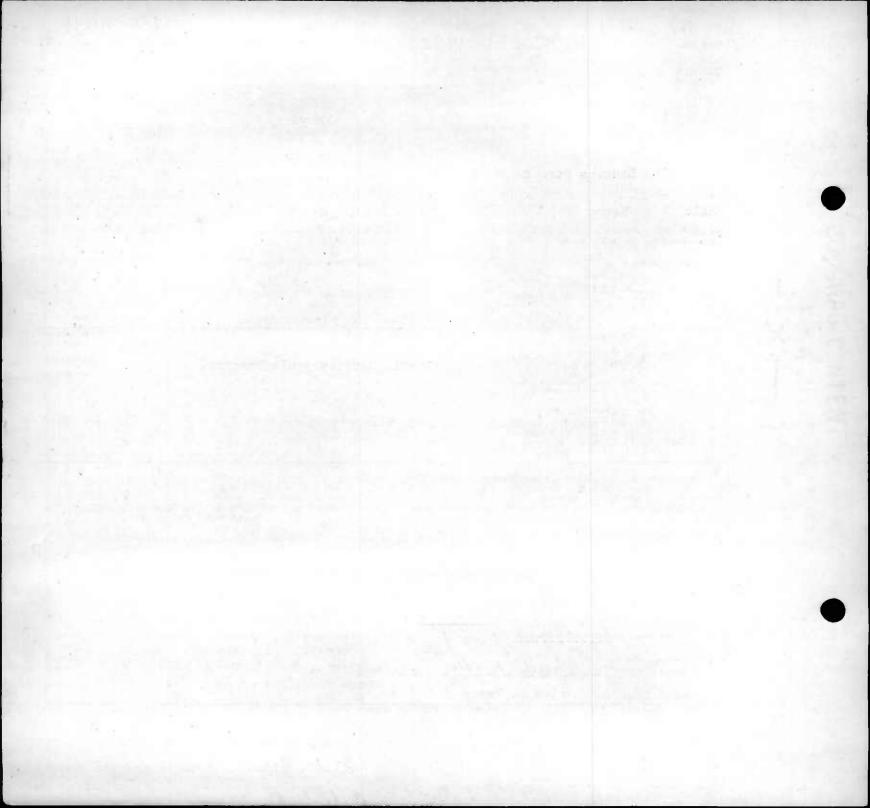
24C. FUNERAL DIRECTOR

Funeral Home 1348 Calhoun St.

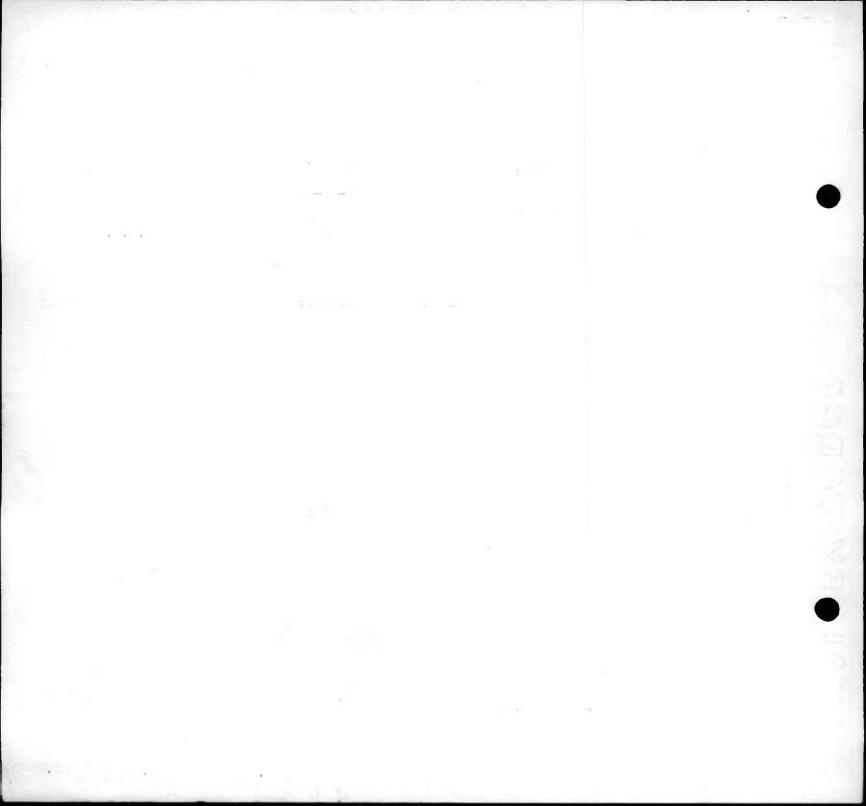
VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

248. NAME OF REGISTRAR

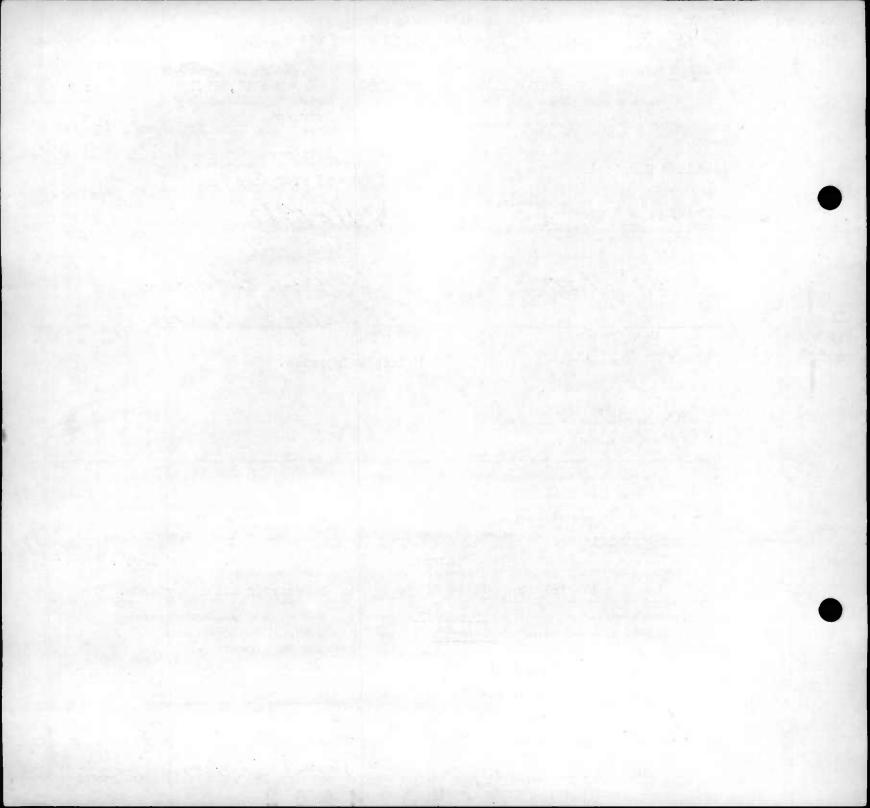


USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS RECORDS: BCH 4940 EASTERN AVENUE #21224 ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ....and that in (my) tour) apinion death accurred an the date 23B. DATE SIGNED 4940 EASTERN AVENUE Baltimore, Maryland 25A. DATE REC'D WHEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Chardes A. Rice 661 W. Barre St. VS 150-REV. 1/1/65

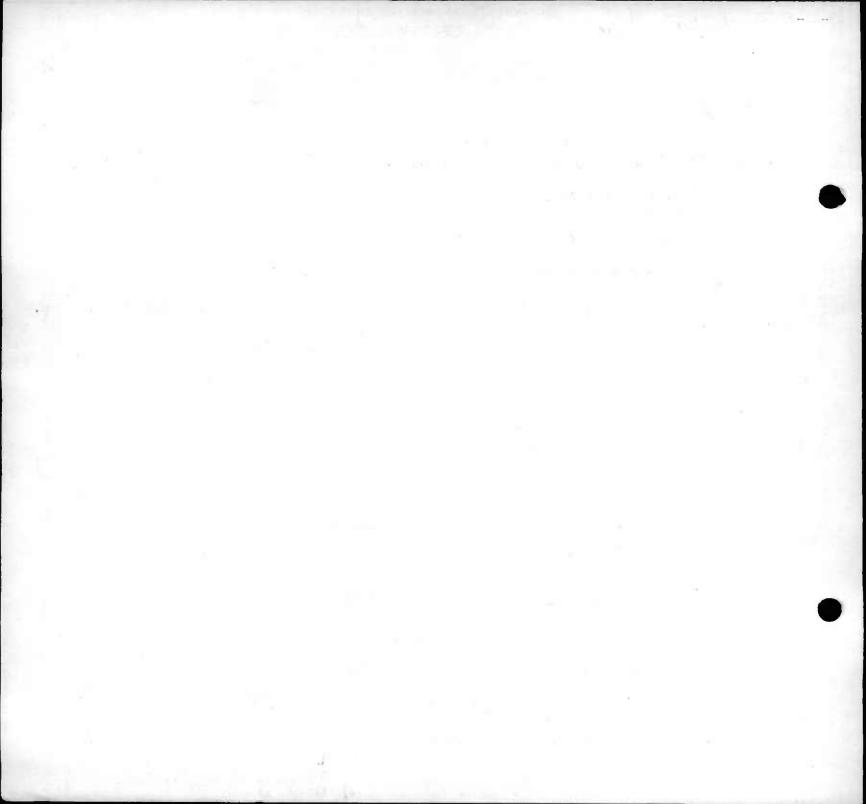


## BALTIMORE CITY HEALTH DEPARTMENT

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injury or comp	osthenio, etc. It mean olication which coused	s the disease, death.)	002 10				
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VS 150-REV. 1/1/65



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25A. DATE REC'D BY

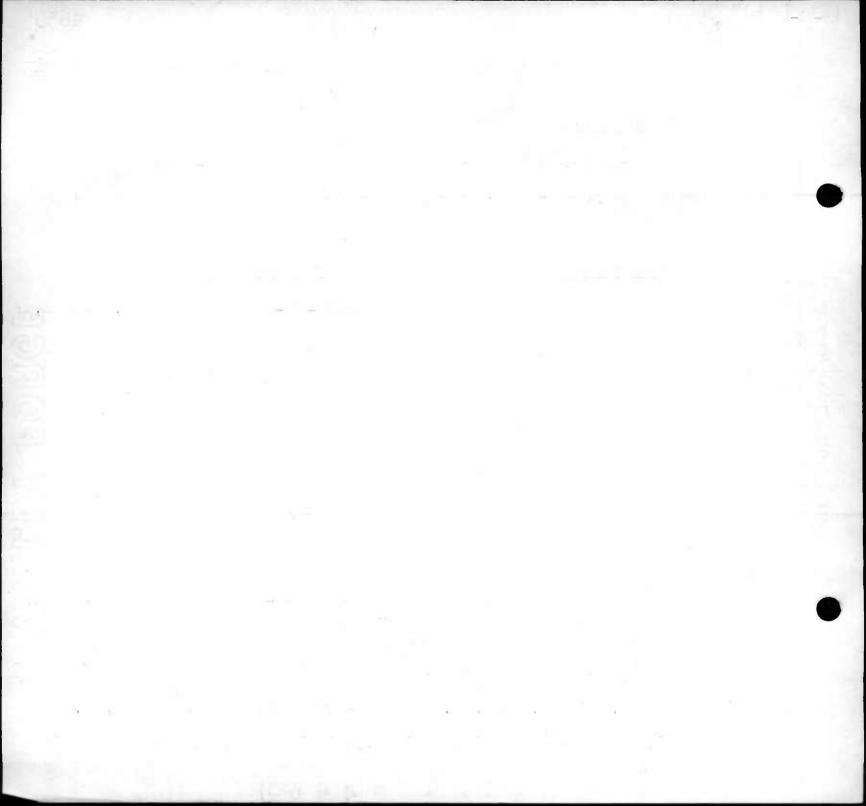
VS 150-REV. 1/1/65

49-21-65 IB]

Such

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. RTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEA 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before odmission) A. STATE B. COUNTY (If not in hospital or institution, give street MARYLAND FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give BALTIMORE CITY HOSPITALS BALT IMORE 4940 EASTERN AVENUE D. STREET ADDRESS (If rurol, give location) BALTIMORE, MARYLAND 2130 CORALTHORN RD 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy FEMALE WHITE NEVER MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even il retired MARYLAND USA 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME JAMES BREFFLE MARY BREFFLE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. RECORDS-BCH-4940 EASTERN AVENUE BALT IMORE MD CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It meons the disease, injuly at complication which coused death.) ANTECEDENT CAUSES DILE DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 5-5-67 22. I certify that (I) (this haspital) attended the deceased fram. 5-6 19 67 that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the dote and hour and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Stoff M.D. Med. Phys. approval Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS 21224 NAME (Type) DR. DUDLEY A. RAINE', M.D. BCH-4940 EASTERN AVENUE BALTIMORE. JR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify decease Baltim re City H spital Cremati 5-9-67 Baltim Maryland 21224

258. NAME OF REGISTRAR



	FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT		٧
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the chief med	lical examiner	or his assistant if	death occurred in a hospital and	_
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	al by a media	cal examiner.	Also, if the direc	or contributing cause of death	( 0
shows: (1) An accident of any nature;	(2) Body burn	ns; (3) A fractur	e of any kind; (4)	Undetermined cause; (5) Deceased	2
was D.O.A. at a hospital (except wh	ere the physi	ician who pron	nounced death w	as in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	o physician w	as in regular	attendance on th	e deceased prior to death. Such	
written approval must be obtained before the remains are embalmed or final disposition is made.	efore the rem	ains are embal	med or final dispo	sition is made.	5

67 46	50	BALTIMORE CITY	HEALTH DEPARTMENT		017 4070		
BIRTH NO.	00	CERTIFICA	TE OF DEATH	Registered No.	67 4656		
M.E. CASE NO.  1. NAME OF DECEASED			2 DATE A	ND HOUR OF DEATH			
Type or Printi Sarah Elizabet	th Wagner			ay 12, 1967			
PLACE OF DEATH IN BALTIMORE,			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)				
FULL NAME OF (If not in hospin HOSPITAL OR INSTITUTION	tol or institution, option)	give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore				
<b>1031</b> De Sota	a Rd. 21	223	D. STREET ADDRESS (I	f jurol, give location)			
Female 6. RACE White		NEVER MARRIED D. DIVORCED (specify) OWED	10/4/79	9. AGE (In years lost birthday) 87	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.		
OA, USUAL OCCUPATION (Give kind of v		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF		
one during most of working life, even if retire Housewife	od)		Maryla	nd	WHAT COUNTRY?		
3. FATHER'S NAME			14. MOTHER'S MAIDEN N.				
John R. Bedford			Annie Du	nnigan			
John R. Bedford  Was Deceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21210		
es, no or unknown) (If yes, give wor or o	pores of Service)	SECURITY NO.	.,	**			
		217-26-7911	Mr. Hugh E.	Wagner 10	3 Ridgewood Rd.		
18. 4 4 4 X		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION		11	+				
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.		fice bldg., INJURY OCCUR?				
21 D. TIME (Month) (Doy) (Ye	or) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
S OI IIIJORI		ile At Not While		-			
(APPROX.)	Wo	rk At Work					
22. I certify that (1) (this hospi	ttal) attended t	he deceased from M	14 1	1967 to 197	4 /2 1967		
			10 67		nian death accurred an the date		
that (I) (we) last saw the dece					nian death accurred an the dat		
and haur and from the causes :	stated abave. (I	l) (We) (did) (d <del>id no</del> t) v	iew the bady after death	•			
23A. SIGNATURE	0 1				23B. DATE SIGNED		
mousin h	, Brul	M.D. Atte	mding Med.	Stoff Phys.	5/13/67		
23 C. PHYSICIAN'S			23D. ADDRESS				
NAME (Type)		1	5000 BALT	THUORE I	NATIONAL PIKE		
		M.D.	BALTI	MORE M	D, 21229		
AA. BURIAL CREMATION, 248. DATE	24C. N.	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)		
Burial 5/16/	67 St	Mary's Cemet	ery-Govans I	Baltimore, Ma	ryland		
SA. DATE REC'D BY HEALTH DEPT.			25C. FUNERAL DIRECTO	OR .	ADDRESS		
- MAY 15 196		& E Farbura			7 Wilkens Ave. 2122		
/\$ 150-REV. 1/1/65	1 3 1	1000	1668				

	BALTIMORE CITY	HEALTH DEPARTMENT	CP 4055			
	BIRTH NO. 67 4657 CERTIFICA	TE OF DEATH Registered No	07 4657			
	1. NAME OF DECEASED (Type or Print) ONWON, James	2. DATE AND HOUR OF DEATH	17/35 Am.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
-	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)				
)	University Haspital	D. STREET ADDRESS (If rurol, give locotion)				
ade.	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
is ma	WIDOWED, DIVORCED, (specify)	9/36/03 lost birthdoys	Months Doys Hours Min.			
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	4	12. CITIZEN OF WHAT COUNTRY?			
Sific	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	um			
disposition	Henry Johnson	& Laura Wornich				
final	15. Was Deceased Evel in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  UMU  16. SOCIAL SECURITY NO.	Haspital Chart	ADDRESS			
0	18. CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
99	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Imonay insufficient	T could			
palme	(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,					
emp	injury or camplication which coused death.)	elm. fibrasis	Lears			
	DISEASES OR CONDITIONS, if any, giving	0 (:1	V <sub>A</sub>			
Is are	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	700. U.I. Casu	years			
air	Z CTUSE SIGNIFICANT CONDUCTOR CONTRIBUTION	<i>f</i> .	V			
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	. I ho ch . Bloody I here le	Per 10 days			
the	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED			
ore	21A, ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimore	City, give exect locotion)			
pef	OR CONTRIBUTING CAUSE OF home, form, factory, street, or etc.)	ffice bldg., INJURY OCCUR?				
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
ained	(APPROX) While At Not While At Work At Work					
o <b>P</b>	22. I certify that this haspital attended the deceased fram	196210	5/11/1967			
pe .	and haur and from the causes stated above (1) (We) (did) (did nat)	19 6 2 and that in (my) aur) apini	ian death accurred an the date			
must	23A. SIGNATURE		238, DATE SIGNED			
	Reles Mac Munay M.D. Att	ending Med. Stoff vs. Director Phys.	5/11/67			
ZOV.	NAME (Type)	23D. ADDRESS				
approval	Peter S. Mac Murray M.O.   24A. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City	, town, or county) (State)			
	Burial 5/14/1967 Laurel Hill	Cemetery Moscow. MD.				
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	GEORGE EICHHORN, Lo	naconing. Md.			
>	VS 150-REV. 1/1/65	O A 6 6 6	maconing, ma			

and the second of \$ 5616 THE MANY 36 . 20 20 00 P H(≥)/ www. Herry de prosen Daniel Wines Town lot-quot North ( Juliana manpione parameter Reserved A metal Japon J. aller of Jeel John Mar. 1 - tops a plan desertation was no Miters Mars Munay

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		67	4658		BALTIMORE CIT	HEALTH DEPARTM	ENT	V	67	4658 .
	H NO.	07	4000	5	CERTIFICA	TE OF DEA	TH	Registered Na.	07	4000 -
1. N	AME OF DECEA	SED				2. D	ATE AND	HOUR OF DEATH		
(iyg		REATER.	James	B.		Ma	ay 11,	1967	1 2	1:30 A M.
3. P	LACE OF DEAT			AND		4. USUAL RESIDENCE	CE (Where	deceased fived. Il in	stitution: reside	nce before odmission)
F	ULL NAME OF	(If not in oddress	n hospital or in or tacation)	nstitution,	give street	District	of Co		RURAL and giv	e township)
	veterans	Admini	stratio	n Hos	mit.al	Tile all dan orb	00	019	V -	12
					broar	Washington STREET ADDRESS	711	ral, give lacation)		70
	3900 Loc									
	altimore	Maryl		218		852 - 52		The second secon		
S. S	Male	Negro		WIDOWE	NEVER MARRIED  D, DIVORCED (specify)  [arried]	7/23/06	9.	AGE (In years st birthdoy)	Months Doy	r. If Under 24 Hrs. S Hours Min.
10A	USUAL OCCUP		and of work 10B	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign	country)	12. CITIZEN	
	Laborer			S. G	overnment	Chesterfi			U.S.	OUNTRY?
13.	FATHER'S NAMI					14. MOTHER'S MAID	DEN NAM	E		
	William					Clara Sa	unders			
Yes	Was Deceased E ,na arunknawn) (	Il yes, give v	var or dates at	service)	SECURITY NO.	Veterans Ac	iminie	stration He	anital I	DRESS Recards
	Yes	5/14/4	3 - 11/	3/45	579-03-9643	the state of the s			_	
-	1B. //				CALISE	3900 Loch F	taven	Boulevard,		RVAL BETWEEN
	160	OR CONDI	TION DIRECT	TLY						ET AND DEATH
	L	EADING TO	DEATH		(A) Bron	chogenic Car	rcinon	na with	1;	year
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicolian which coused death.)								4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	ANTECEDENT CAUSES (8)									
	DUE TO									
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.									
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
Ü	19A. DATE OF	PERATION			WHICH OPERATION	20 A. AUTOPSY? IY	es or No)	20B. IF YES, WERE	FINDINGS CO	NSIDERED
ERTIFIC	0		WAS PERFOR	MED		No		IN CERTIFYING CA	USES OF DEA	/H?
5	21 A. ACCIDENT			21 B	PLACE OF INJURY (e.g.,	n or about 21 C. WHERE	DID	Ilt in Boltimore	City, give ex	act lacation)
AL	OR CONTRIBUT			horr etc.	ne, form, tactory, street, c	ffice bldg., INJURY OC	CUR?			
		redicor exomi	n en	010.						
MEDIC	OF INJURY	Month) (Do)	y) (Year) (H	10ur) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJUI	RY OCCUR?		
Σ	(APPROX.)			Wh	ile At Not Whi					
	20 1 11		1			January 30tl	h	67 <sub>10</sub> Ma	ov 11th	10 67
					he deceased from		19	7/0 116	34	
	that (1) (we) I	ast saw the	deceased a	live an	May 11th	19 07	and that	in(my) (aur) api	nian death a	ccurred an the date
	and haur and	from the car	uses stated	abave. (	(We) (did) (diff/g/g/	view the body after	deoth.			
	23A. SIGNATUR			. ^	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			23B, DATE SI	GNED
	MA -	A	1 /1	. 10	M.D. At	ending Med.	C S	toff 🐷		
	May	sall	Tu.U	yeu	MUS Ph	s. Direck	or P	hys. X	5/11/	67
	23C. PHYSICIAN	S				VA Hogoita	3			
	MA	RGARET	A. DENN	IS	M.D.	VA Hospita		חזיים היים	44	W4 07 07 0
24A	BURIAL CREM	ATION, 24B.	DATE		AME of CEMETERY of CR	3900 Loch I	24D. LO	BIAG Ba	timore,	Ma. Z1Z18 unty) (State)
			126/em	CA	Diffed Mens or	T	TAT	TOTAL		Ma
_	BURIAL	Valle ALTI	16/67		RVER MEM OF			REL	1 1	Md
ZSA	. DATE REC'D	AY 15	1967 /	NAME C	OF REGISTRAR	2SC. FUNERAL DI	RECTOR	Villeam a	Spanor	SESS -
	1		1001	DURN	C. JUNEOFINI	If ange	2	in Hom	7	24:8 St NE
VS	150-REV. 1/1/65			7	0 / 0 4	Hain Spanster Marcra	Lome 2	524 - 8 - St. N. E.	Z.Z. 4-7720	224-8-St NE

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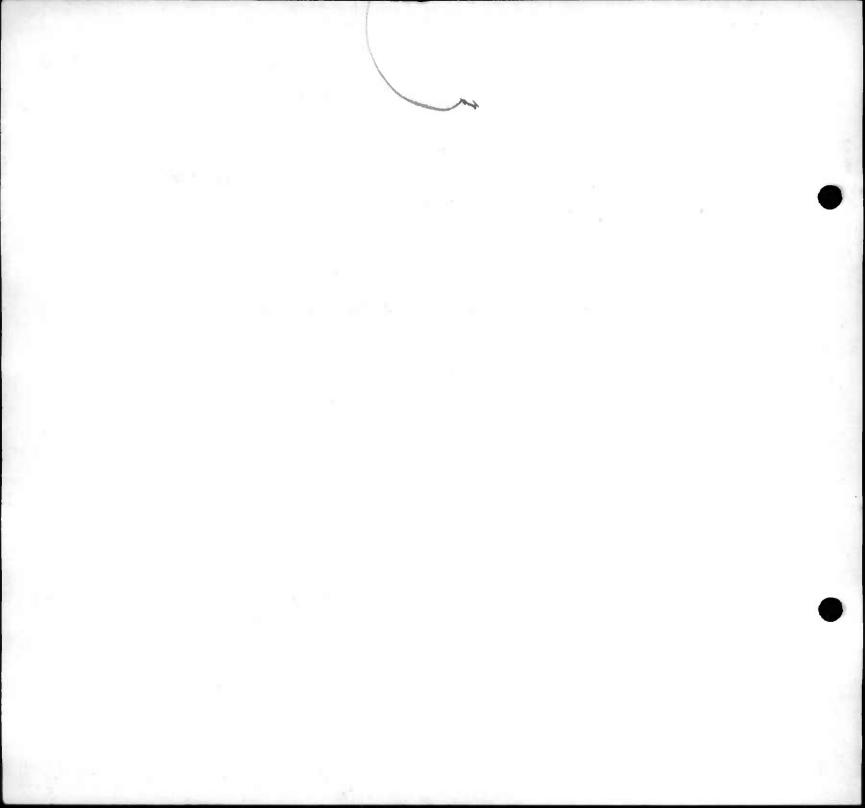
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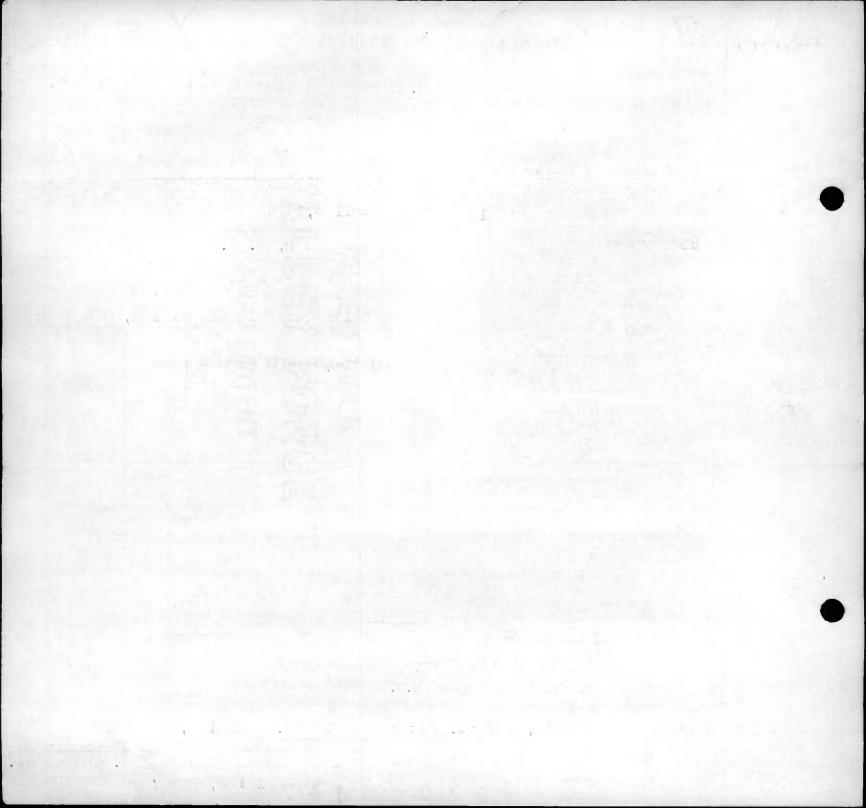
			BALTIMORE CITY	HEALTH DEPARTME	NT	2000
BIRTH NO. 6	7 4660		CERTIFICA	TE OF DEAT	H Registered No.	67 4660
M.E. CASE NO.					TE AND HOUR OF DEATH	
Type or Print)	lla-		Brown.	2. 04	5-12-67	830 A
PLACE OF DEATH	IN BALTIMORE, MA	RYLAND			(Where deceased lived. If in	stitution: residence before odmissio
FULL NAME OF HOSPITAL OR	(If not in hospital a	or institution, give	street	1722	Ramsay	ST. Paltimo
INSTITUTION	1722 Ran		4	C. CITY OR TOWN	alteriore	KUKAL and give township)
00	1/22/1200	mercy 3.	21203	D. STREET ADDRESS	(If rural, give location)	
6. SEX 6. F	RACE	7. MARRIED, NE	VER MARRIED DIYORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
F	W		dowed specify	7-9-0	1 66	7441.
OA, USUAL OCCUPA one during most of work				11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
.1	ufe-	-	Phopo	Bal	timure, MD	21.5. A
3. FATHER'S NAME	1			14. MOTHERS MAIDE	- Balico	
. Was Deceased Eve	r in U. S. Armed Ford	ces?   16	SOCIAL	17. INFORMANT	6/8	ADDRESS
es, no or unknown) (If	yes, give wor or dote	s of service)	SECURITY NO.	0 00	M. ()	1000/01/01
18. / 7. 9	770	200	CAUSE 0	E DEATH	1112 18Ma 3	INTERVAL BETWEEN
1 / 7 / -	I Dr condition dir	ECTIV	0,1032 0	· DEATH		ONSET AND DEATH
	DING TO DEATH	IEG IEI	4.0	r'	and and	
	meon the mode of		DUE TO	sarcac conen	3.0025	
	henio, elc. Il meons olion which coused			Cachedia		
AN?	ECEDENT CAUSES		(B)	2	+ 11	
	CONDITIONS, if		DUE TO	CEUCEINEMEL	i com y inc	
	bove couse (A)		ICI Che	demen		
UNDERLYING C	ONDITION loss.					
E TO THE DEAT	ANT CONDITIONS C	ATED TO THE	-			
DISEASE OR COL	ERATION 198, CON	IT.	ICH OPERATION	20A. AUTOPSY? (Yes	s or No) 208. IF YES. WERE	FINDINGS CONSIDERED
	WAS PERF		ites	no	OF NO. 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
	WAS UNDERLYING	21 B. PL.	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Boltimor	e City, give exoct locotion)
OR CONTRIBUTION DEATH (notify me	dicol exominer)	etc.)	form, foctory, street, o	ffice bldg., INJURY OCC	UR?	
21 D. TIME (M	onth) (Doy) (Yeor)	(Hour) 21 E, IN	JURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
OF INJURY (APPROX.)	-	While	At Not While At Work	е	Complements	
22 I sossify the	a (I) (abia basaisal		deceased fram		10 / 1	E 10 10/07
						5-12 19.67
		11				nian death occurred an the d
	am the causes stat	red abave. (I) (	#e) (did) (did nat) v	lew the bady after d	eath.	
23A. SIGNATURE	Ahmad	X	· P · M · A · A · ·	anding Add	Stoff	23B. DATE SIGNED
	Jimnaci	_sas		ending Med. s. Director	Phys.	5-12-67
23 C. PHYSICIAN'S NAME (Type)	THMAD .	SARSI	4/9 R M.D.	1114 57	Paul st.	Balto, MD
AA. BURIAL CREMA	TION, 24B, DATE	24C. NAM	E of CEMETERY of CR	EMATORY	24D. LOCATION (C	ity, town, or county) (Stole)
L MENO A ME 13 bec	ily /					
130001	5-16-1	17 Na.	1) P. M. al.	. /	(20 1Lines	Mariland
BURIA!	5-15-0 HEALTH DEPT.	67 NE	w Cathelea REGISTRAR	25C. FUNERAL DIE	Baltimon.	* MARY land
Sar DATE REC'D BY	5-15-0 HEALTH DEPT. Y 15 1967	258. NAME OF	W Cathelea REGISTRAR			MARY land ADDRESS Part (SI



VS 151-REV. 1/1/65

1. NAME C	I. NAME OF DECEASED  (Type or Print)  FATHER - BERNARD C. HA					HOUR PRONOUNCE	ED DEAD	5:30	P.
3. PLACE IN	BALTIMORE, MARY		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission and a state by the state before admission and the state before admissi					dmi s sior	
HOSPITAL	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Lord Baltimore Hotel - Room 1125				New York  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Elmira  D. STREET ADDRESS (If rural, give location)  1310 W. Church Street				
Lor									
5. SEX Male	6. RACE White	WIDOWE	ED, NEVER MARRIED D, DIVORCED(specify) 1816	April 4	тн	9. AGE (In years last birthday) 61	If Under	Yr. If Unde	
	ton. USUAL OCCUPATION (Give kind of work done dwill gar of working his, even if refired)		TOB. KIND OF BUSINESS OR INDUSTRY		(Stote or foreign ter, N.		12. CITIZEN	COUNTRY?	
13. FATHER	Frank Hanna				Margaret Lanergan				
	CEASED EVER IN U.S known) (If yes, give w		16. SO CIAL SECURITY NO.	17. INFORMANT		Home Elm	address	New Y	ork
DISE RISE	LEADING TO does not meen the foilure, osthenio, etc. or complication which  ANTECEDENT ASES OR CONDITIO TO THE ABOVE CAU ERLYING CONDITIO	mode of dying, enter the disease of coused death.)  CAUSES  DNS, IF ANY, GIVIN ISE (A) STATING THE	G (B)			eart disea			
HTO OTH	II ER SIGNIFICANT CON THE DEATH BUT	NOT RELATED TO				1114			
CERTIFICATION OF THE CATION OF	ER SIGNIFICANT CON THE DEATH BUT ASE OR CONDITION ATE OF OPERATION	NOT RELATED TO CAUSING IT. 19B. CONDITION FO WAS PERFORMED	OR WHICH OPERATION	Yes	S IN	B. IF YES, WERE FIN	SES OF DEA	TH?	
C C C C C C C C C C C C C C C C C C C	ER SIGNIFICANT CONTHE DEATH BUT ASE OR CONDITION ATE OF OPERATION  TERNAL CAUSE WAS TING OR CONTRIBUTED CAUSE OF DEATH.	NOT RELATED TO CAUSING IT.  198. CONDITION FO WAS PERFORMED  2 b y) (Yeor) (Hour)	DR WHICH OPERATION  1B. PLACE OF INJURY (e.g., ome, form, foctory, street, etc.)  21E. INJURY OCCURRED  WHILE AT NOT AT W.  Inspection Au	yes in or about 21C. office bldg., INJUR 21F. H WHILE ORK tapsy X an	S IN WHERE DID (IF IT OCCUR?	in Boltimore City, gi	ses OF DEA	TH?	

9 6 7 0 0 0 0 0 6 7 Elpira, New York



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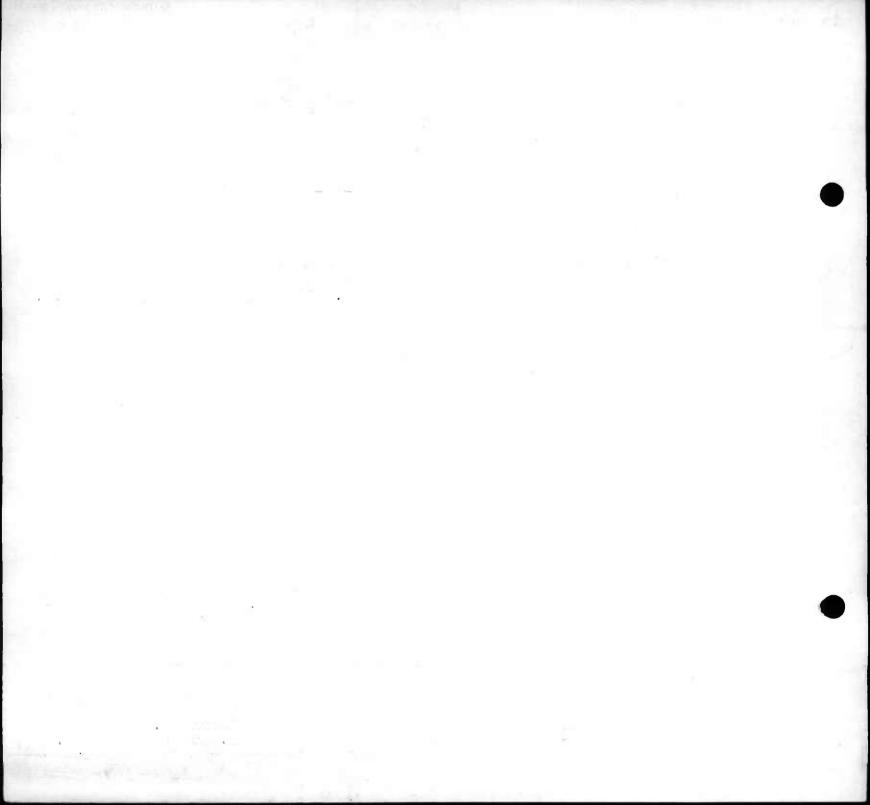
6/	ahh		DALIMONE CITT	EACHT DE AKTMENT			,
BIRTH NO.	4000	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered N	Í.
ME CASE NO							

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print) HENRY F. KING	2. DATE AND HOUR PRONOUNCED DEAD May 12, 1967 6:00 A.	-
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admissing A. STATE  Maryland  B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore	3
00902 W. Lombard Street	D. STREET ADDRESS (If rurol, give locotion)	_
	902 W. Lombard Street	
Male White 7. Married, Never Married WIDOWED DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Months, Days, Hours, Mi	drs.
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	RY 11/ BRTAPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARYED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT JADDRESS	<del>/-</del> .
yes WWII ?	Mess Mary King 902 W. Lombard	2
18. 4 20.01 CAUS	SE OF DEATH INTERVAL BETWEE	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Art	teriosclerotic heart disease	
(This does not meon the mode of dying, e.g., hear failure, asthenia, etc. It means the disease, injury or complication which caused death.)		*****
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  OUF TO		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		*****
	No 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A, EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB- UTING □ CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exect location) office bldg. INJURY OCCUR?	
OF INJURY	21F. HOW DID INJURY OCCUR?	_
m. WORK AT V	WORK	
I certify that I held an Inquiry Inspection X Acres	utapsy and that an this basis, death in my apinian  de Mamicide Undetermined manner	
00000	CHIEF MEDICAL EXAMINER	
SIGNATURE Charle J. J. gal M. E.	D. ASSISTANT MEDICAL EXAMINER X	,
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER May 12, 1967	
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23C. NAME of CEMETERY Burial Thew Lat	thedral East 4300 ald Frederick Rel me	d.
MAY 15 1967 Registrar	John Clawan Son Duc Halling	1
VS 151-REV. 1/1/65	1 7 2 23 ma	列

1900 3061/2/9 margaret Starry Bered . 5 Hof 67 new Footbacket line 4200 lite Fillowsk. D.C. Such

deceased prior to death); and (6) No physician was in regular attendance on was D.O.A. at a hospital (except where the physician who pronounced

	H NO. 67 4664		_	HEALTH DEPARTMENT	Registered No	67 4664
M.E	CASE NO.		CERTIFICA	TE OF DEATH	Registered No.	100.1
	AME OF DECEASED	0.1	anlina	2. DATE A	ND HOUR OF DEATH	1 2 A
3. 1	LACE OF DEATH IN MALTIMORE MA	RYLAND	ugman		ere deceased lived. Il ins	stitution: residence before admission)
				A. STATE B. COUR	VIV	
	ULL NAME OF (If not in hospital oddress of location NSTITUTION		give street	C. CITY OR TOWN (If or	tside city limits, write R	URAL and give township)
Ι΄	- 4613 Par	la 14	Pin Ble Care	12 allim	re	21-16
(	00 7012 our	w /in	Jan ac 1 12	D. STREET ADDRESS OF	rurol give location)	to arenue
5. 5	Male White		NEVER MARRIED  D, DIVORCED (specify)	8. DATE OF BIRTH 7-24-1882	9. AGE (In year) lost bighdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of works during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
dun	Clothier	Reti	red	Maryland		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	David Kaufman			Ida V	?	
15. Yes	Was Deceased Ever in U. S. Armed For ,ne of unknown) (If yes, give war of date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Elizabe	eth Blatt	Irvington N.J.
_	1B. // ) 1 / 1		CAUSE O	FDEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY	0	2	1 1 0	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of	dvina. e.a	(A) DUE AO	nte myocan	dul inter	Ta I day
	heart failure, asthenia, etc. It means	the diseose,	2017.0		,	Several
	ANTECEDENT CAUSES		(B) /0VT	estallerotic	cardio-	- years
	DISEASES OR CONDITIONS, if	any, giving	DUE TO	Vas cu	les dister	e
	rise to the above couse (A) UNDERLYING CONDITION tost,	stoling the	(C)			
	ll -					
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE				
CERTIFIC	19A. DATE OF OPERATION 19B. CON WAS PERF		VHICH OPERATION	20 A. AUTOPSY? (Yes of N	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
AL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.)	e, farm, factory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
8	(APPROX.)	Whi	le At Not While			
	22. I certify that (I) (This heaptro)	Tattended th	ne deceased fram	Lames	19 60 10	Ten 12 1965.
	that (1) (we) lost sow the decease	d alive on	April			nion death occurred on the date
	ond hour and from the causes stat	ed obove. (I	) (We) (did not) v	lew the body after deoth.		
	23A. SIGNATURE		1.			23 B. DATE SIGNED
	Serman of	Dul		nding Med.	Phy s.	5/12/67
	23C. PHYSICIAN'S NAME (Type)	2		541 Per	11 Hero	W B
244	Deynous Mit	ubin	M.D.		7	- Jac
24A	REMOVAL (Specify)	/	rraine Park	B	aftimore M	
254	muce 1107 4/6	/	and the second s	001	nn T. Stans	sbury Balto. Mo.
ZJA	MAY 15 1967	25B. NAME O	. Farber MA	W. B.		
VS	150-REV. 1/1/65	9 6	1000	1 1 7 9 9		



De Carlos

ANALYSIS STREET

Caresmone of Decornie

GENERALIZED HETASTASIS

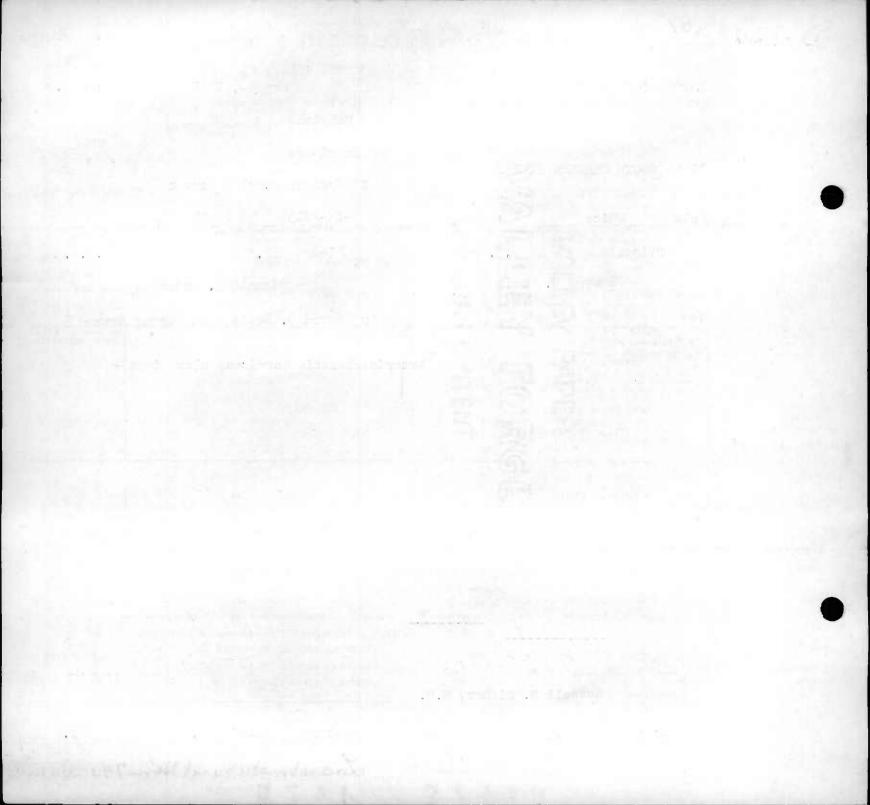
Jack Park County

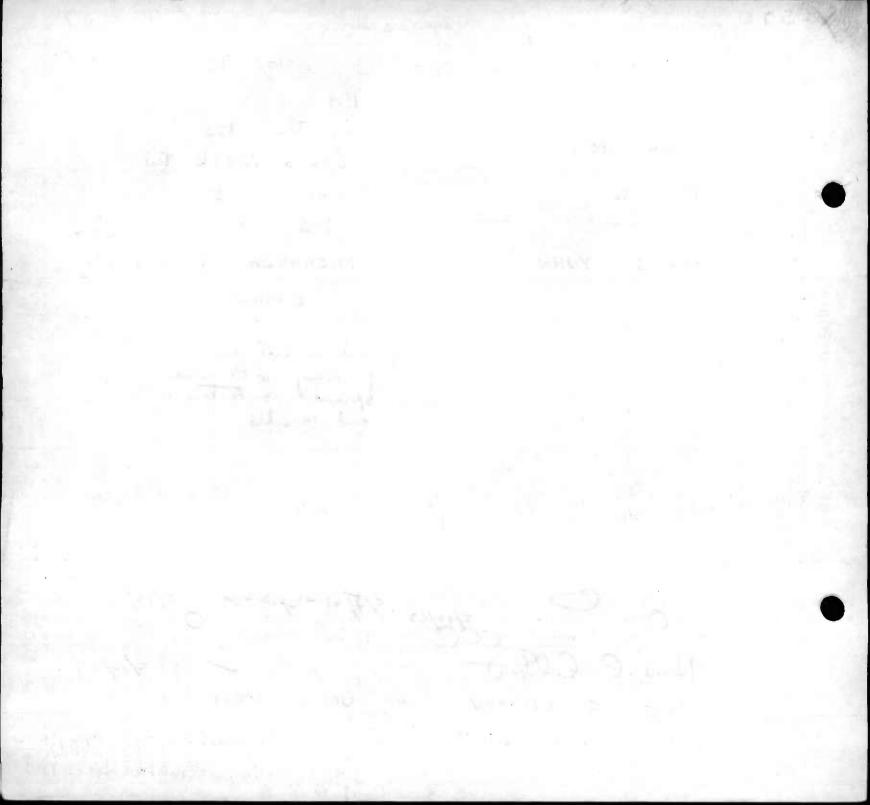
D-120 67. 4666

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4666

E. CASE NO.	77125		AMINER 5	LKTII ICA	0. 0		
NAME OF DECEA	SED				2. DATE AND	HOUR PRONOUNC	ED DEAD
LESTER JO	HN DAVIS				May :	10, 1967	8:45 A.
	ORE, MARYLAND, W			A. STATE	land	deceosed lived. If ins B. COL	litution: residence before odmission JNTY
LL NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT. ADDRESS OR LOCA	AL OR INSTITU	THON, GIVE STREET		OWN (If outside	corporate limits, write	e RURAL and give township)
)1324 SOU	TH CHARLES	STREET		D. STREET AD	DRESS (If rurol,	give locotion)	
	RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	8. DATE OF BI	RTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male USUAL OCCUPA	White	DIV	orced BUSINESS OR INDUST			53	12. CITIZEN OF
during most of work	ing life, even if retired)						WHAT COUNTRY?
Servic	eman	U.S.	Army	Chic	MAIDEN NAME		U.S.A.
	E1 10	20.					
WAS DECEASED	Edward G.		16. SOCIAL	17. INFORMAN	Jeni	nie B. Ande	rson
	yes, give wor or dote	s of service)	SECURITY NO.	IV. INPORMAN			ADDRESS
Yes	W W Kore	ea		Mr Edwa	rd G. Day	vis 5104 Eu	gene Avenue 6
B. 11 0 0	9-1.		CAUS	E OF DEATH		7	INTERVAL BETWEEN
OTHER SIGNIFITO THE DE	ROVE CAUSE (A) S' CONDITION LAST.  II CANT CONDITIONS ATH BUT NOT RE ONDITION CAUSING	CONTRIBUTIN	HE				
O DATE OF O	WAS PER		WHICH OPERATION	No No	1	N CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
21 A, EXTERNAL C UNDERLYING OF UTING CAUSE	R CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. office bldg., INJU	JRY OCCUR?	f in Boltimore City, gi	ve exact location)
21D TIME (A OF INJURY (APPROX.)	Aonth) (Doy) (Yeo	V	HILE AT NOT AT	WHILE WORK	HOM DID INTO	RY OCCUR?	
	e's	nquiry Uses X A	Inspection X A	de Hami CHIEF	cide U	AMINER 🗌	
BURIAL CREMA NOVAL (Specify)  Burial Date REC'D BY	TION, 23B. DATE	230	MoreLand Pa	rk Cemete	ery Ba	CATION (City	, town, or county) (Stote)
. DATE REC'D BY	HEALTH DEPT.	- PAR NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR		ADDRESS / -
MAY	15 1967 (	200 B 8	Ja Buna	Lan	F . Dag	1100 - 102°	3



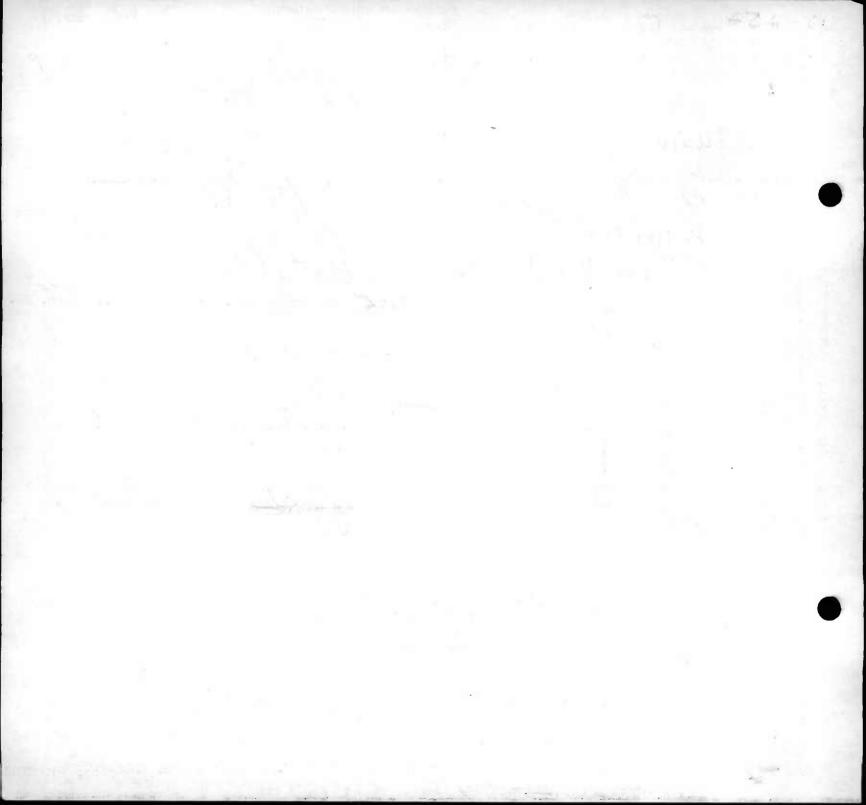


		0181	1000	1	BALTIMORE (	ITY HEALT	H DEPARTMENT		67	ACCO
	H NO.	67.	4668		CERTIFIC	CATEC	F DEATH	Registered No.	07	4000
1, N	AME OF I	DECEASED		rles J.	Schultz			A4 12, 1		9:17 1-1
3. PI	LACE OF	DEATH IN	BALTIMORE, MA	RYLAND		4. USU	AL RESIDENCE (Who		nstitution: reside	ence before odmission)
H	ULL NAMIOSPITAL (	OR	(If not in hospital address ar locatio		give street	c. cm	ryland	utside city timits, write	RURAL and gi	ve township)
							ltimore EET ADDRESS (IF	rural, give location)		24-02
	0	0	738 E. F	ort Ave		73	8 E. Fort	-		
	Male		hite	WIDOWE	, NEVER MARRIED D, DIVORCED (specify) arried	July	13, 1917	9. AGE (In years lost birthdoy)	ff Under 1 Manths Da	Yr. If Under 24 Hrs. ys Hours Min.
			N (Give kind of wor life, even if retired)	k 10B. KIND O	F BUSINESS OR INDU	TRY 11. BIRT	HPLACE (State or fore	eign cauntry)	12. CITIZEN WHAT	OF COUNTRY?
			t-Retired	Fi	re Dept.		Balto. Md.		US	A
13. F	ATHERS					14. MO				
		-	Schultz					Unknown		
			n U. S. Armed Fo s, give wor or dot	rces? es of service)	SECURITY NO.	17. INFO	DRMANT		AC	DDRESS
7	Ces #	2				Mrs	.Marie E. S	chultz	Sar	ne
	1B. 4	20	i/I		CAUS	E OF DEAT	Н			ERVAL BETWEEN SET AND DEATH
	/ DIS		CONDITION DI	RECTLY	Cs	7.Mu	in This.	omlani-		1 day
			on the mode of		, DUE TO		J	ombosis		·····
			no, etc. It meons on which caused			7	0.	v		2 00.
		ANTEC	EDENT CAUSES	5	DUE TO	rleve	reces	9		-711
			ONDITIONS, if							
			NDITION last.	storing ine	(C)					оомонн ооон ооо ооо ооо ооо ооо
ATION	TO THE	DEATH	T CONDITIONS ( BUT NOT REL ITION CAUSING	ATED TO TE					74	
		OF OPER		IDITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	a) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	N SIDERED
CAL	OR CONT	RIBUTING	CAUSE OF		B. PLACE OF INJURY (eme, form, foctory, stree)			(If in Boltimo	re City, give e	xoct location)
	21D. TIME OF INJUR		th) (Doy) (Year)		. INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?		
	(APPROX.)				hile At Nat	While				
	22. I cer	tify that (	(I) (this hospita	1) attended	the deceased from		-1,	1962 to 4	5-12	1967
	that (I) (	we) lost	saw the deceas	ed alive on.	5-12	1	9.6/ and t	hot in(my) (our) ap	inion death o	occurred on the dote
11 1			the couses sto	ted obove. (	(1) (We) (did) (d <del>id_n</del> e	t) view the	body ofter death.			
	23A. SIGN	ATURE	ala	Soll	M.D.	Attending Phys.	Med. Director	Stoff Phys.	23B. DATE S	IGNED
	23C.PHYS	ICIAN'S NE (Type)				23 D. ADI	DRESS			
		701_7-				1. D.				
24A	REMOV	CREMATIC AL (Specify)	N, 24B, DATE	24C. N	AME of CEMETERY of	CREMATOR	Y 24D.	LOCATION	City, town, or co	ounty) (State)
	Buria		5 16 6	7	Cedar H			rooklyn, A.	A. Co.	Md.
25A	. DATE RE	MA H	15 1987	P. Cyru	of REGISTRAR	25C	Mc Cul		140 E.	Fort we
V\$ 1	150-REV. 1	1/1/65	<del></del>	1 13	1 7 0 1	) 0	A £ +7	7		

MTABLES TO THE

	.E. CASE NO.  NAME OF DECEASED  2, DATE AND HOUR PRONOUNCED DEAD	
(Тур	CHRISTOPHER JOHNSON, Jr. 5-12-67	1:30 PM M.
3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: resid	
IIHO	A. STATE B. COUNTY MARY LAND OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) STITUTION  A. STATE Mary Land C. CITY OR TOWN (If outside corporate limits, write RURAL on	d give township)
	HARBOR - 3100 BLOCK HANOVER STREET  Baltimore  D. STREET ADDRESS (If rurol, give locotion)	50
	623 Round View Road	
1	Male Colored Never married 12-25-53 lost birthdays Months.	1 Yr. If Under 24 Hrs. Doys Hours , Min.
done	Student - Maryland a	N OF COUNTRY?
6	Christopher Johnson & Mary J Smith	
	WAS DECEASED IVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	P 1.
L	11B. CAUSE OF DEATH	Loundvery
	2800/1	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Drowning	
	(This does not meon the mode of dying, e.g., heart failure, astherio, etc. It means the disease,	
	injury or complication which caused death.)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
NO	(C)	
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
=	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CO	
CERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES OF DEA	ATH?
A	NO   IN PLACE OF INITIAL CAUSE WAS   1218 PLACE OF INITIAL CAUSE WAS   121	cation)
CAL	NO  21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lot home, form, foctory, street, office bldg., INJURY OCCUR? 3100 Block Hanover	Street -
CAL	NO     NO     NO     NO   NO   NO   N	Street -
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct to home, form, foctory, street, office bldg., INJURY OCCUR? 3100 Block Hanover  Harbor  North End of 500 ft. span.	Street -
EDICAL	21A, EXTERNAL CAUSE WAS   21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct lot home, form, foctory, street, office bldg. INJURY OCCUR? 3100 Block Hanover   Harbor   North End of 500 ft. span.	Street - make-shift
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTION OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect lot home, form, foctory, street, office bldg., INJURY OCCUR? 3100 Block Hanover North End of 500 ft. span.  21D TIME (Month) (Doy) (Year) 1:30 WHILE AT NOT WHILE X raft into water.	Street -
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIBUTION OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location of the bldg. Injury occur? 3100 Block Hanover North End of 500 ft. span.  21D TIME (Month) (Doy) (Year) 1:30 WHILE AT NOT WHILE X raft into water.  22.   Certify that I held an Inquiry   Inspection X Autapsy   and that an this basis, death in my apinian	Street - make-shift
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UNDERL	Street -
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.   21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct lot home, form, foctory, street, office bldg., INJURY OCCUR? 3100 Block Hanover North End of 500 ft. span.   1:30   WHILE AT NOT WHILE X AT WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from Not WHILE X at WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from Not WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR?   21F, HOW DI	Street - make-shift
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UNDERLYING XOR CONTRIBLE XOR CONTRIBLE UNDERLYING XOR CONTRIBLE UNDERLYING XOR CONTRIBLE UNDERLYING XO	DATE SIGNED 5-13-67
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.   21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct lot home, form, foctory, street, office bldg., INJURY OCCUR? 3100 Block Hanover North End of 500 ft. span.   1:30   WHILE AT NOT WHILE X AT WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from Not WHILE X at WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from Not WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR? Fell from work of WORK   North End of 500 ft. span.   21F, HOW DID INJURY OCCUR?   21F, HOW DI	DATE SIGNED 5-13-67
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UNDERLYING XOR CONTRIBLE XOR	DATE SIGNED  5-13-67  (Stote)  M. C.
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UNDERLYING XOR COUNTRIB- UNDERLY XOR COUNTRIBLE XOR COU	DATE SIGNED 5-13-67





death);

must

deceased prior to written approval

was D.O.A. at a hospital the body was released to shows: (1) An accident of This certificate must be

to the hospital by

1-3-10	BALTIMORE CIT	TY HEALTH DEPARTMENT
sed the che	M.E. CASE NO.	ATE OF DEATH Registered No. 67 4671
(5) Decease ance on the	(Type or Print)  FLORENCE NORRIS HUTH	2. Date and Hour of Death May 11.67 10:00 P.
(5) Decanh	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived.) II institution: residence before admission. A. STATE B. COUNTY Maryland
cause; (Satistication to d	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	Broadview Apts. O Univ. Pkwy. & 39th Sts.	D. STREET ADDRESS (If rurol, give location)  Broadview Apts., Univ. Pkwy & 39th St
ermined regular eased pr is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Widow	B. OATE OF BIRTH  9. AGE (In years   State   S
	IOA. USUAL OCCUPATION (Give kind of work 10 B. KINO OF BUSINESS OR INDUSTI	PY 11. BIRTHPLACE (State or foreign country)  Baltimore, Md.
h was in n the dec	NONE NONE	14. MOTHER'S MAIOEN NAME
death nce on final dis	Robert   Norris	Emma Oster  17. INFORMANT: Son Severna PR; Md.  D M.Norris van dem Berg, 100 Evergreen Rd.
ot any unced ttenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)	OF DEATH  OF DEATH  ONSET AND DEATH  ONSET AND DEATH  Remalized Antentosclenosis Ryeans
pronc ular a mbalm	heort foilure, osthenia, etc. It means the disease, injury at camplication which coused death.)	
an was in regu	ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) slating the (C)	
emain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
sici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9	DEATH (notily medical examine) etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
ained	OF INJURY (APPROX.)  (Month) (Doy) (Year) (Hour) (Hour)  21E. INJURY OCCURRED  While At Not W Work  At Wo	21F. HOW OID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an May	Feb 13 1967 to May 1/ 1967

ears NSIDERED CER 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examiner) 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21F. HOW OID INJURY OCCUR? 21 E. INJURY OCCURRED While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from lan that (1) (we) ast saw the deceased alive and that in (my) (<del>our) s</del>pinian death accurred on the date

and hour and from the coases stated above. (1) (We) (did) (814 not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director M.D. 23C. PHYSICIAN'S 23 D. ADDRESS 24A. BURIAL CREMATION 24C. NAME of CEMETERY OF CREMATOR 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specily)

13/67 Green Mount Cemetery

Baltimore, 25C. FUNERAL DIRECTOR

AODRESS Stewart & Mowen Co., 108 W. North Av., City

39th St. If Under 24 Hrs. Hours

comment and Arterior and May 11 Feb 13 67 3202 Harfall ( Pa = ...

BIRTH NO.

S. SEX

ERTIFICATION

Ü

MEDI

written

OF INJURY

23A. SIGNATURE

23C. PHYSICIAN'S

NAME (Type)

(APPROX.)

LO U

ance

attend 0

death.

prior

hospital

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

13. FATHER'S NAME

(Yes, no or wiknown) (If yes, give

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

5. Was Deceased Ever in U. S. Armed Forces

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meon the mode of dying, e.g.,

hearl foilure, asthenia, etc. Il means the disease,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED

(Month) (Day) (Year)

that (1) (we) last saw the deceased alive an.

injury or complication which coused deoth.)

UNDERLYING CONDITION lost.

19A. DATE OF OPERATION

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

DEATH (notify medical examined

done during most of working life, even if retired)

oddress or location)

(If not in hospital or institution, give street

MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

6. SOCIAL

SECURITY NO.

(B)

DUE TO

RTIFICATE OF DEATH

Registered No. 2. DATE AND HOUR OF DEATH 12:35 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min. 8. DATE OF Hours lost birthday) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. 5 A 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Istin Fil 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C WHERE DID (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR?

WAS PERFORMED 5evere

198. CONDITION FOR WHICH OPERATION

(Hour)

home, form, factory, street, office bldg., INJURY OCCUR? 21E, INJURY OCCURRED

While At Not While Work At Work

22. I certify that (1)(this haspital) attended the deceased fram H-

12 7 19 and that in (my) (aur) apinian death accurred an the date

24D. LOCATION

and haur and fram the causes stated abave, 4)((We) (did) (diction) view the bady after death.

M.D.

23 B. DATE SIGNED

23D. ADDRESS

Med. Director

24A. BURIAL CALMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY

621

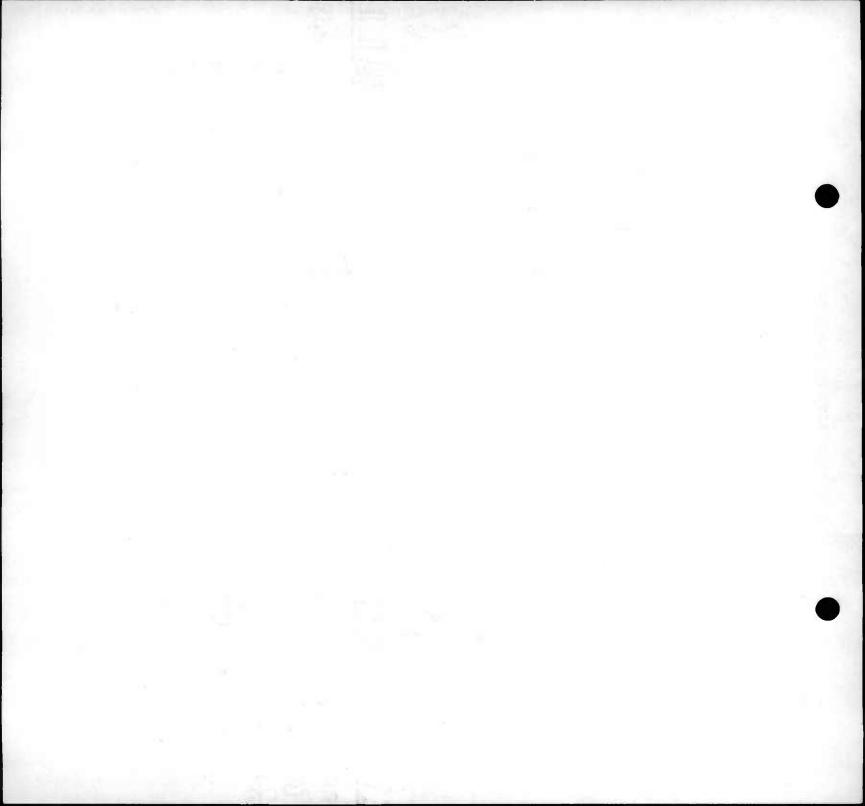
(City, town, or county)

AY T BEP 2SA. DATÉ REC'D 258 NAME OF REGISTRAR

Attending

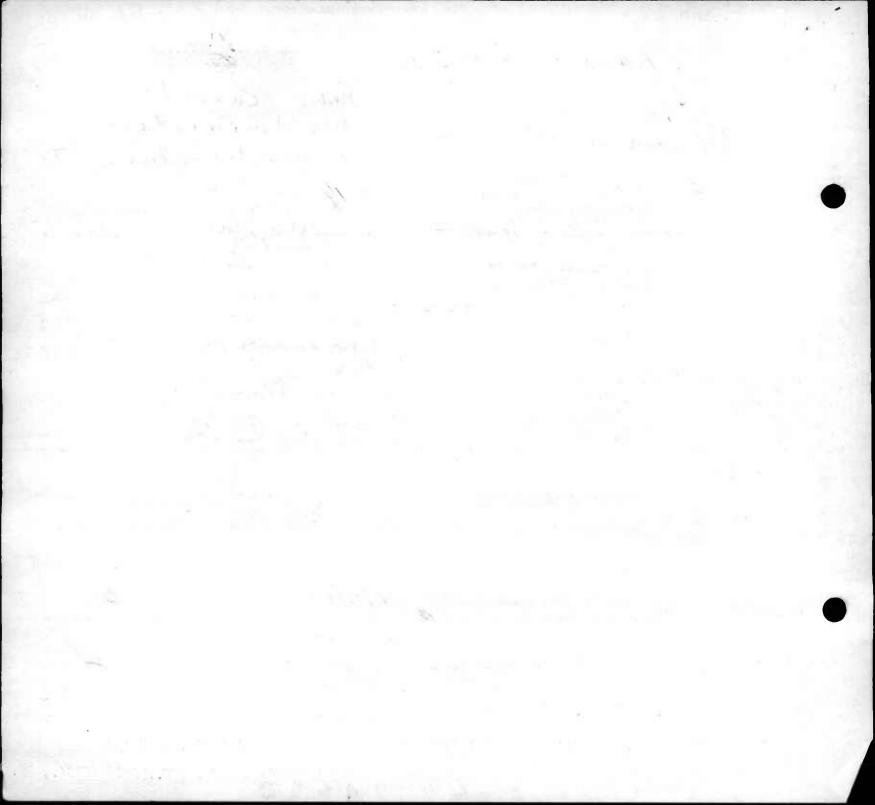
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25C. FUNERAL DIRECTOR



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FUNERAL DIRECTOR:



IMPORTANT

**DIRECTOR:** 

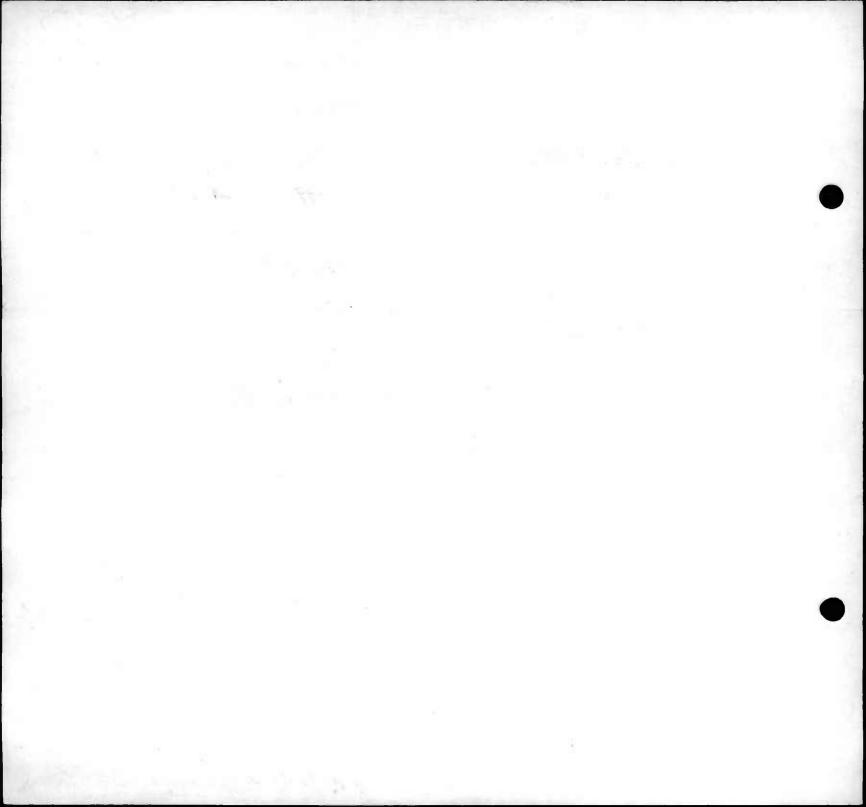
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FUNERAL DIRECTOR: IMPORTANT	CTOR:	IMPORTANT	P.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	xaminer o	r his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death	-6
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	A fracture who pron	of any kind; (4) Undetermined cause; (5) Deceased ounced death was in regular attendance on the	2
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	regular a re embaln	ittendance on the deceased prior to death. Such ned or final disposition is made.	5

07 403	BALTIMORE CITY	HEALTH DEPARTMENT		67 1675
BIRTH NO. 67 4675 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	07 4070
1. NAME OF DECEASED (Type or Print) Mr. Kelsie Perkins	101	2. DATE AND	HOUR OF DEATH	3.00 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	tion, give street	Maryland	side city limits, write RURA	L ond give township)
34		Baltimore D. STREET ADDRESS (16)	urol, give location)	16-54
BON SECOURS		11/3 Bunbur	0.1	2/205 zone
M W WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify) Married	6/24/99	ost birthday 67 Me	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lite, even if retired)  Stock Rm. Handlo	or Body Corp.	Tennessee	in country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	1	14. MOTHER'S MAIDEN NAM	NE.	(
James Perkins		Rose Alle	77	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or ynknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	•	ADDRESS
NO	411 05 7934A	Wife		Same
18. 420.11	CAUSE O	F DEATH ,		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Mus Pardia	O in large	(
(This does not mean the mode of dying,	e.g., DUE TO	[M] D	harmy filled the	<i>G.</i>
heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	ease,	and Too	notas Vi	1/ >
ANTECEDENT CAUSES	DUE TO	E CONTROL	Charles 16 Co	The state of the s
DISEASES OR CONDITIONS, if any, g	.1			
UNDERLYING CONDITION lost.	the (C)	wa wiwu a a a a Co a a a a a Co Co a a a a awa a a a a Co Co Co Co Co Co a Co a	a a 20 40 a 20 a 20 00 a a a a 20 d d 20 d d a 2 a 2 a 2 d d d 2 d d d d 2 d d d d	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING Puls	no rary El	dema.	
	FOR WHICH OPERATION	20A. AUTOPSY! (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Not While Work At Work			11 1
22. I certify that (1) (this hospital) attend	1	Man 9/671	9 to Ma	M 1 1967.
that (1) (we) lost saw the deceased alive	an Man III			death occurred on the date
and hour and from the causes stated above				
23A. SIGNATURE	Att. Att. Phy		Stoff Phys.	Man 11 6 }
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS Bon &	Secours	Haspital
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City, to	own, or countyl (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	CEDAR HIL ME OF REGISTBAR	25C. FUNERAL DIRECTOR	ALTO ME	ADDRESS
MAY 15 1967 (2.0.	of E. Fallenge	11/1/6-0	Ole I	300 ma
VS 150-REV. 1/1/65	7 7 7	My Gorne	1 John	



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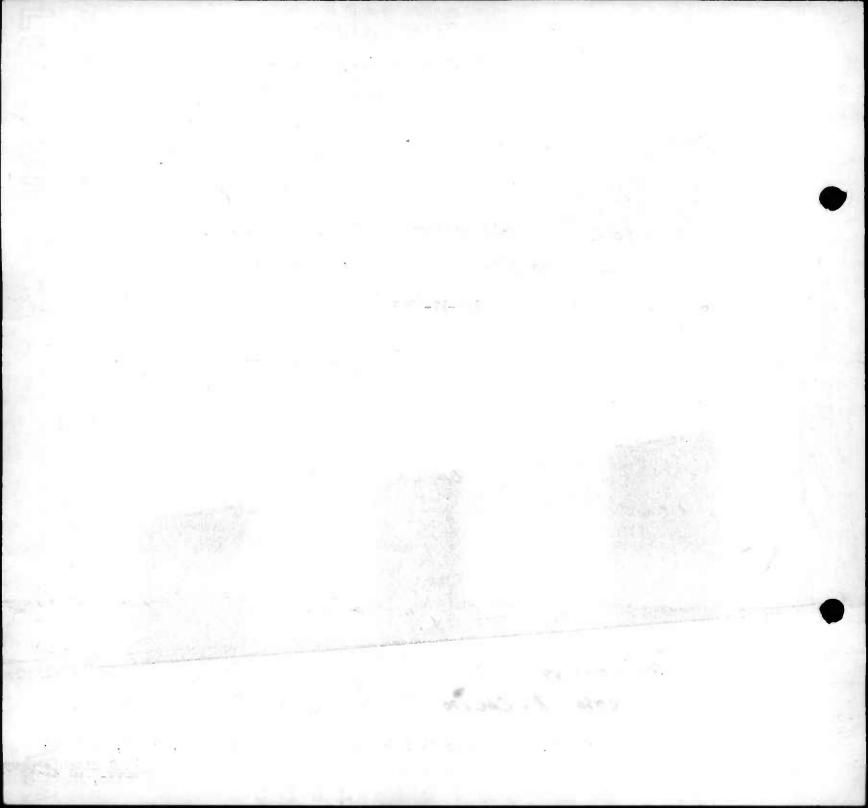
## BALTIMORE CITY HEALTH DEPARTMENT BIRTH 67. 4676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4676

_	CASE NO.											
Typ	NAME OF DECE				N many	١			HOUR PRONOUNCE	ED DEAD		
			NALD		DEAN				, 1967		2:20	
), P	LACE IN BALTI	MORE, MARY	LAND, WH	ERE PRONC	UNCED DEAD	A. STATI	Marylar		eased lived, if inst B. COU	tution: resi	idence before	odmission)
UL	L NAME OF	(IF NOT II	OR LOCAT	OR INSTIT	TUTION, GIVE STREET	C. CITY	9		orparate limits, write	RURAL	and give town	ship)
	TITUTION						Baltimo	ore			177	205
	6234 F	airdel	Avenu	e		D. STREE	T ADDRESS (II		ve location)		-61	00
1	00			TICE.			6507 Br					
i. S	EX 6	. RACE			, NEVER MARRIED	B. DATE C			9. AGE (In years	If Unde	er 1 Yr. If Un	der 24 Hrs.
7	Male	Whi		4.0	pivorCED(specify)	27 1	2 701.0		lost birthdays	Months	Doys Hou	rs Min.
					F BUSINESS OR INDUSTR	Y 11. BIRTHI	3-1949 PLACE (State or	foreign o		12. CITIZ	EN OF	
	during most of wo	orking life, ever		-							AT COUNTRY	?
3. F	School ATHER'S NAME			SC	hool	14. MOTH	ltimore,	NAME		1 0	S.A.	
		Roll	bert D	oan					page 2			
5. \	WAS DECEASED				116, SOCIAL	17. INFOR	nown Jan	rillr		ANDRES	S	
	, na or unknown) (				SECURITY NO.							
	No				None	Mrs	Rachele	e Boo	cksmith 65	07 Br	ook Av	е.
	1B. E 9	76 %			CAUS	E OF DEA	TH				INTERVAL ONSET AN	
	DISEASE	OR COND	ITION DIR	CTLY							OHISET AN	DURIN
		LEADING T	O DEATH		(PV)	gun Wo	und of I	Head.				
	(This does no heart failure, injury or com	osthenia, etc.	It meons t	he diseose	DUE TO						F 4 - 4	
	injury or com	pircollan wille	a coused de	(01116)								
		NTECEDENT			(B)							
	DISEASES O	ABOVE CAL	ONS, IF AN	Y, GIVING	DUE TO							
	UNDERLYING	G CONDITIO	ON LAST.		)							
S O					(C)						***************************************	
CERTIFICATION	OTHER SIGN	IFICANT COL	NDITIONS C	ONTRIBILIT	ING							
는 인	TO THE D	DEATH BUT	NOT RELA	TED TO								
RT		OPERATION			WHICH OPERATION	204 4	ITOPSY7 (Yes o	v No. 1201	B. IF YES, WERE FII	NDINGS (	ONSIDERED	
S			WAS PERFO		William Granding	2000	No	in	CERTIFYING CAU	SES OF DE	EATH?	
AL	21 A. EXTERNAL	CAUSE WA	S	21 B	PLACE OF INJURY (e.g., le, fam, foctory, street,	in or obout		DID (IE)	n Baltimore City, gi	ve exoct I	ocotion)	
용	UNDERLYING TO CAUS	OR CONTRIB. E OF DEATH		hom etc.		office bldg.,				7	7 2	. 1
MED	21D TIME	(11.4. 11.) (17.	1 (9 )	(11	House 21E. INJURY OCCURRED		0234 F a		l Avenue	d	1-5	4
	OF INJURY	(Month) (D		(Hour)		MARINE -			in head.			
	(APPROX.)	5 10	0 '67	m.	WHILE AT NOT	WHILE X	SHOL	Sell	III Head.			
	22. I certi	fy that I he	ld on Inc	quiry -	Inspection X Au	topsy	and that	on this l	basis, death in n	ny opinie	n	
	resulte	ed fram: No	atural caus	ses	Accident Suicio	e X	Hamicide 🗌	Und	letermined manne	07		
			01		//		IEF MEDICA					
	ACTUAL	//	1)/0.	1. 1	1/11		ANT MEDICA				DATES	IGNED
	SIGNATU			14, 5	M.C		ATE MEDICA				5/11/67	7
	EXAMINE NAME (T		arles S	S. Pet	ty	ASSUCI.	A I E MEDICA	L EXA	MINER			
23A	BURIAL CREM	/ 1 .	B. DATE		3C. NAME OF CEMETERY	or CREMAT	ORY	23 D. LOC	ATION (City,	town, or	county)	(Stote)
REA	AOVAL (Specify)		ר זר ז	062	Tammaina Com			Rol +	imana			Md
200	Buria		5-15-1		Lorraine Cem		FILMERAL		imore		34141	
24 A	. DATE REC'D E	T MEALTH [	JEPT.	Z4B, NAMI	OF REGISTRAR	24C.	FUNERAL DIRE	ECTOR			ADDRESS	34
	N	IΔY 15	1967	12.0	& E. Jackey M.	Lo	ssalne	Jun	waltone	7401	Belain	Road
VS	151-REV. 1/1/6	5	850	0_	6780	0 4	A 0	17				,
		//	4		G W		0 0	12	1112			



•	FUNER	AL DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT	•	L-
This certificate must be approve the body was released to the ba	d by the chief m	edical examiner	r or his assistant i	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death in	7
shows: (1) An accident of any na	iture; (2) Body b	urns; (3) A fractu	ure of any kind; (4	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (	5
was D.O.A. at a hospital (excep	of where the ph	ysician who pro	onounced death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	1 10
deceased prior to death); and (	(6) No physician	was in regular	attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	324
written approval must be obtained before the remains are embalmed or final disposition is made.	ned before the re	amains are emba	almed or final disc	position is made.	

BALTIMORE CITY H	HEALTH DEPARTMENT	OPY AGREEMENT
BIRTH NO.  M.E. CASE NO.  CERTIFICAT	TE OF DEATH Registered No.	67 4677
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) LA BONDA, ANTHONY 10.	SEPH APRIL 11,1967	11:52 DM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution A, STATE B, COUNTY	on: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street	MARGUAND	
I HOADER OF THE PROPERTY OF TH	C. CITY OR TOWN (If outside city limits, write RURAL	ond give township
	BALTIMORE 35	25-05
FRANKLIN SCHARE HOSP.	D. STREET ADDRESS (If rurol, give location)	
136	4004 TENTH 5%.	1.40
	DATE OF BIRTH 9. AGE (In years If I	Inder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.
WIDOWED, DIVORCED (specify)	4/11/05 lost birthdoys	ms Doys Hours Iviin.
The second secon		CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Self Employed	PENNSGLUANIA	1154
10/1/0/10/10	4. MOTHER'S MAIDEN NAME	4 41
PAUL LA BONDA	ANTOINETTE	
	7. INFORMANT	ADDRESS #
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.		NOON 105 8
No CINKNOWN 199-12-6703	CRISTINA LA BONDA	RACK, 25
18. / 50 X 1 CAUSE OF		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	, CSCPHAGUS WITH	& met
(This does not mean the made of dying, e.g., DUE TO heart failuie, asthenia, etc. It means the disease,	PULMONARY METAST	4511
	Just 19 19 19 19 19 19 19 19 19 19 19 19 19	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if any, giving		
rise to the above couse (A) stoting the (C)		
11		
	QUODENAL LICE	77
TO THE DEATH BUT NOT RELATED TO THE CHARCONTE	sucher act	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CHARCOLO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED  218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDII	NGS CONSIDERED OF DEATH?
EU 2004 C		
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office	or obout 21 C. WHERE DID (If in Boltimore City, ce bldg., INJURY OCCUR?	give exact location)
DEATH (notify medical examiner)		
21D, TIME (Month) (Doy) (Yeor) (Hour)  21E, INJURY OCCURRED  While At Not While	21F. HOW DID INJURY OCCUR?	
While At Not While At Work At Work		
22. I certify that (I) (this hospital) attended the depeased fram	ay 3 1967 to May	1967
that (1) (we) last saw the deceased alive an Aland 11	1. 69	
		death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) vie		
23A, SIGN MYRE  M.D. Alten		DATE SIGNED
Phys.	Director Phys.	111/6/
23C.PHYSICIAN'S NAME (Type)	BD. ADDRESS	1400
MILAGROSA R. CALIZO M.D.	FRANKLIN SCHARE	17087
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	AATORY 24D. LOCATION (City, to	vn. or coonly) (Slote)
	netery Ritchie Hgwy, Ba	lto. Md 21225
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 15 1967 B. Carb & tarbuna	Dearge Je Stones	HOO1 Ritchie Hg Balto, Md 21225
VS 150-REV. 1/1/65	A 6 8 6	



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DIRECTOR:

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Mikal & Kelezar

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accident of hospital death)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) THOMAS PARTAIN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland Baltimore HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) INSTITUTION Baltimore City Hospitals Edgemere -DO RURAL D. STREET ADDRESS 4940 Eastern Avenue (If rurol, give location) Baltimore, Maryland 7804 Carolyne Avenue disposition is mad 7, MARRIED, NEVER MARRIED 5. SEX 8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours Male White Divorced 5-28-1921 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF done during most of working life, even if retired) Retired, Chief Radioman U.S. Navy Georgia U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Thomas J. Partain Cleo Spence: 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Yes 136-167-486 RECORDS:BCH 4940 Eastern Avenue 21224 Navv CAUSE OF DEATH 1B. < INTERVAL BETWEEN ONSET AND DEATH Acute Meningitis DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) Respiratory-Gerdiae-Arrest-(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, Chronic alcoholism injury or complication which coused death.) -Ohrenie-Al-cohel-iem ANTECEDENT CAUSES Fatty infiltration of the liver are DISEASES OR CONDITIONS, if ony, giving (c) KK-Al-coholic-eirrhosis rise to the above couse (A) stating the the remains UNDERLYING CONDITION lost. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? YES 21 A. ACCIDENT WAS UNDERLYING 21 B, PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While ( (APPROX.) At Work 22. I certify that (1) (this hospital) ottended the deceased fram... 19 67 that (1) (we) lost sow the deceased alive on... ond that in(my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238. DATE SIGNED Attending [ Med. May 11, 1967 approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern Avenua Maffezzoli Richard timore deceased p 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 5/16/67 Baltimore National Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk. Md.

Letter from City Hospitals 5-29-67

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  BELLEMAN OF HOSPITAL OR INSTITUTION  S. SEX  6. RACE  WHITE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  SINFLE  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Tin Mill,  Bethlehem Steel Co.  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  18. OSDAL RESIDENCE (Where deceosed lived. If institution: residence be B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give low low limits).  Edgemere  D. STREET ADDRESS (If rurol, give location)  2509 School House Lane  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  SINFLE  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Tin Mill,  Bethlehem Steel Co.  14. MOTHER'S MAIDEN NAME  MOSER, HELEN TEI  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  213-07-2648  CAUSE OF DEATH  INTERVAL	80
FULL NAME OF MOSFIAL OR CHARGE	:30 pm M.
Bagemere  3 CHURCH HONE & HOSP  Bagemere  D. STREET ADDRESS (III rorol, give locotion)  2 SO SCHOOL HOUSE LANE TH  SER MALE  S. SER  S	
5. SEX  5. SEX  6. RACE  7. MARRIED. NEVER MARRIED  WIDOWED, DIVORCED (specify)  10. USUAL OCCUPATION (Give kind of went 108, IND OF SUSINESS OR INDUSTRY 11). BIRTHPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTING.  13. FATHERS NAME  14. MOTHERS MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL NO.  17. INFORMANT  18. WILLIAM OF PROVIDENCE OF DEATH  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard foliure, oshlenie, etc. Il meens the disease, injury or complication which coused death,)  ANTECEDENT CAUSES  DISEASE OR CONDITION [51]  ANTECEDENT CAUSES  DISEASE OR CONDITION [52]  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE UNDERLYING CONDITION FOR WHICH OPERATION  THE DEATH SUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT.  17. INFORMANT  (A)  18. Hypertonical Association of the province of the p	3 - 20
WALE WHITE SINGLE SPECIFY  SINGLE SINGLE WHITE SINGLE SPECIFY  SINGLE SINGLE WHITE SINGLE SPECIFY  SINGLE SINGLE STORY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO SUE A STORY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING  DISEASE OR CONDITION SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE SIGNIFICANT CONDITION SONTRIBUTING  TO THE DEATH WAS UNDERLYING CONDITION FOR WHICH OPERATION  THE SIGNIFICANT CONDITION SONTRIBUTING  TO THE DEATH WAS UNDERLYING CONDITION SONTRIBUTING  TO CONTRIBUTING SONTRIBUTING  TO THE DEATH WAS UNDERLYING SONTRIBUTING  TO THE OF OPERATION  TO THE SIGNIFICANT CONDITION SONTRIBUTING  TO THE DEATH WAS UNDERLYING SONTRIBUTING	19 Under 24 Hrs.
Tin Mill, Bethlehem Steel Co.  N. O. (New Jersey) AME  No. (No. (New Jersey) AME  No. (New Jersey) AME  No. (New Jersey) AME  No. (No. (New Jersey) AME  No. (New Jersey) AME  No. (New Jersey) AME  No. (No. (New Jersey) AME  No. (New Jersey	1
MOSER, ADOLPH, SR.  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service)  NO  18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenic, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving fise to the above couse (A) stoling the UNDERLYING CONDITION SCANSIGIT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH SUT NOT RELATED TO THE SUT NOT RELATED TO THE SUT NOT RELATED TO THE SUT NOT RELATED TO	RY?
SECURITY NO.   SECU	CHMAN
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart feiture, estherio, etc. II meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION SOLOTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1994. Date of Operation 198. Condition for which operation was performed was performed was performed was performed beautiful or conditions considered to the condition causes of death?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (nohify medical examiner)  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. Where DID (if in Boltimare City, give exact to home, form, foctory, street, office bidg., INJURY OCCUR?  OF (INJURY (APPROX.)  While AI Not While AI Work AI Work AI Work AI Work  22. I certify that ## (this hospital) attended the deceased fram 1996.	1
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.  199A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OF INJURY (Month) (Doy) (Year) 1Hour) 21E. INJURY OCCURRED OF INJURY (CAPPROX.)  While Al  Not While At Work  22. I certify that W (this hospital) attended the deceased fram 1994 Cause of Injury occur?	BETWEEN ND DEATH
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21A. ACCIDENT WAS UNDERLYING	A. DED
DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)   Hour)  OF INJURY (APPROX.)  While Al  Not While   Work   Not While   Not Work   Not Work	
OF INJURY (APPROX.)  While AI Not While AI Work  22. I certify that W (this hospital) attended the deceased fram	ORONI
22. I certify that (II) (this hospital) attended the deceased fram $5-12-19$ (27 ta $5-12-19$ that (I) (we) lost saw the deceased olive on $5-12-19$ (47 and that in (my) (out) apinian death accurr	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 67, and an the date
ond haur and fram the causes stated above. (!) (We) (did) (did fat) view the bady after death.  23A. SIGNATURE.  M.D. Attending Med, Director Phys. Stoff Phys Phys Phys Phys Phys Phys Phys Phys	2-67
23C. PHYSICIAN'S NAME (Type) R M L M M.D. 23D. ADDRESS Church Home & Hosp.	
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  May 15-1967  Oak Lawn  24C. NAME of CEMETERY of CREMATORY  Baltimore, Maryland 21	Stotel 224
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDR	

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	6	7. 4681		BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 4681
T	TH NO.	. 4001		CERTIFICA	TE OF DEATH	Registered No.	07 4001
1.1	E. CASE NO. NAME OF DECEA pe or Print)	IRVIN RAY	MARTZ	SR	2. DATE	AND HOUR OF DEATH	11:15A <sub>м.</sub>
3.	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND -		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If i	nstitution: residence before admission)
	FULL NAME OF	(If not in hospital oddress or location		give street	MARYLAND	Anne An	undel Co
	INSTITUTION		IES HOS	SPITAL		outside city limits, write THICUM 2109	RURAL ond give township)
	1/0	WILKEN				(If rurol, give location)	0 02-00
	BALTO MD 21229				7 HAMPTON	RD	
5, 5	MALE	WHITE	WIDOWE	NEVER MARRIED D, DIVORCED (specify) DOWED	07 31 93	9. AGE (In years lost birthdoy) 73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		rking tife, even il retired)		Business or industry	PENNSYLVA		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	4			14. MOTHER'S MAIDEN	IAME	
	SAMUEL	MART				Lyown	
(Ye	s, no or unknown) (	ver in U. S. Armed For If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	18.	NONE.		217-09-1416 CAUSE O	ST AGNES HO	SP RECORDS	INTERVAL BETWEEN
	(This does not heart foilure, a injury or camp  At DISEASES OR rise to the	OR CONDITION DIS EADING TO DEATH I mean the mode of sthenia, etc. It means lication which caused NTECEDENT CAUSES CONDITIONS, if obove couse (A) CONDITION last.	dying, e.g., the disease, death.)		hurd abde	onimal ones	ONSET AND DEATH
ATION	OTHER SIGNIFITO THE DEADISEASE OR C	CANT CONDITIONS CATH BUT NOT RELA	TED TO TH	G IE			
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CI	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF nedicol examiner)	21 B hom etc.	ne, form, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR	(If in Boltimo	re City, give exact location)
MEDI	21 D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)		. INJURY OCCURRED ille At Not White At Work	e 🗀	INJURY OCCUR?	
	22. I certify t	hot 💢 ) (this hospital	) attended t		5 13 67	19to	5 14 19 67
		ost saw the deceose			19.67 ond	that in (XX (our) op	inian death accurred an the date
	The same of	the same of the sa	red aboveX	I) (We) (did) (dXdXnot) v	iew the bady after deot	h.	
	23A: SIGNATUR		<u> </u>	M.D. Atte	nding Med.	Stoff (	23B, DATE SIGNED
-	23C PHYSICIAN	Ther &	Hour	Phy		Phys.	21229
NAME (Type) ST. AGNES NOSPITAL,							
24	A. BURIAL CREM	ATION, 248. DATE	24C. N.	AME of CEMETERY OF CRI	WILKENS & C	ATON AVENUE	E BALTO SD (State)
	REMOVAL (Sp	ecify)	67 61	201 Hazz 11	HEMORIAL 6	15. Rusi	- Mal
25.	A. DATE REC'D	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C, FUNERAL DIREC	TOR SUN ERRY	Howe ADDRESS
	MA	Y 15 1967 (	Robert	E. Fallower	Francis EV.	miller 2101	Frederick are
VS	150-REV. 1/1/65		1 1		1 9 9 7	Ų.	

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67 4682 BALTIMORE CITY HEALTH DEPARTMENT	1000
BIRTH NO. CERTIFICATE OF DEATH Registered No.	17_4682
M.E. CASE NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH	
(Type or Print)  WILLIAM 5. PUMPHREY  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, Il institution	2:05 pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. II institution A, STATE  B. COUNTY	residence before odnikssion)
A STATE B. COUNTY  HOSPITAL OR oddress or locotion)  A STATE B. COUNTY  A. STATE B. COUNTY  C. CITY OR TOWN (II outside city limits, write RURAL)	
The contract of the contract o	and give township)
BALTIMORE Hd 31  BALTIMORE Hd 31  BALTIMORE	
1128 SIEEL TOW A	UE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) 5-22-20 47 47	nder 1 Yr. II Under 24 Hrs.
	ITIZEN OF
POSTAL CLERK U.S. Post Office WASAINGTON, D.C.	U5A
13. FATHER'S NAME Robert Brunner 14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	e Park, Md.
Yes prior to W.W.II RXX Raymond J. Pumphrey 5717 B  CAUSE OF DEATH	erwyn Rd.
1 4 5 2 5	ONSET AND DEATH
LEADING TO DEATH (A) AS DIVEXIA. Pulmon ary Embolish	Dew hours
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  A S Phyxia, Pulmonary Embolish DUE TO  (A) DUE TO  Chronic deep phlubits legs  DUE TO	
injury or complication which coused deoth.)	Sand Years
ANTECEDENT CAUSES (8) CHARGE CUED PROPERTY COSTS	arrian Jans,
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING CAUSES O	GS CONSIDERED F DEATH?
WAS PERFORMED  WAS PERFORMED  IN CERTIFYING CAUSES O  218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID  (II in Boltimore City,	
OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bidg., INJURY OCCUR?	give exoct locotion)
0	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	7. T KA
(APPROX.) White At Not While At Work	
22. I certify that (1) (this hospital) attended the deceased fram 5 - 4 - 6 7 19 ta 5 -	11 1967
that (I) (we) last saw the deceased alive an 5-11-67 19 and that in(my) (aur) apinion de	eath accurred on the date
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	ATE SIGNED
A Cellacions M.D. Attending Med. Stoff Phys. Director Phys.	5-11-67
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS CHURCH HOME +	
T 2 NAME (ALZE)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION City fown	n, or county) (State)
Burial 5/15/67 Glenwood Cemetery Washingtow D.C.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/MAY 15 1967: (12 200 8 7 10 10 10 10 10 10 10 10 10 10 10 10 10	r. Paul St.

V.S. 153 and Deceased's Birth Record 5-31-67 M.H.

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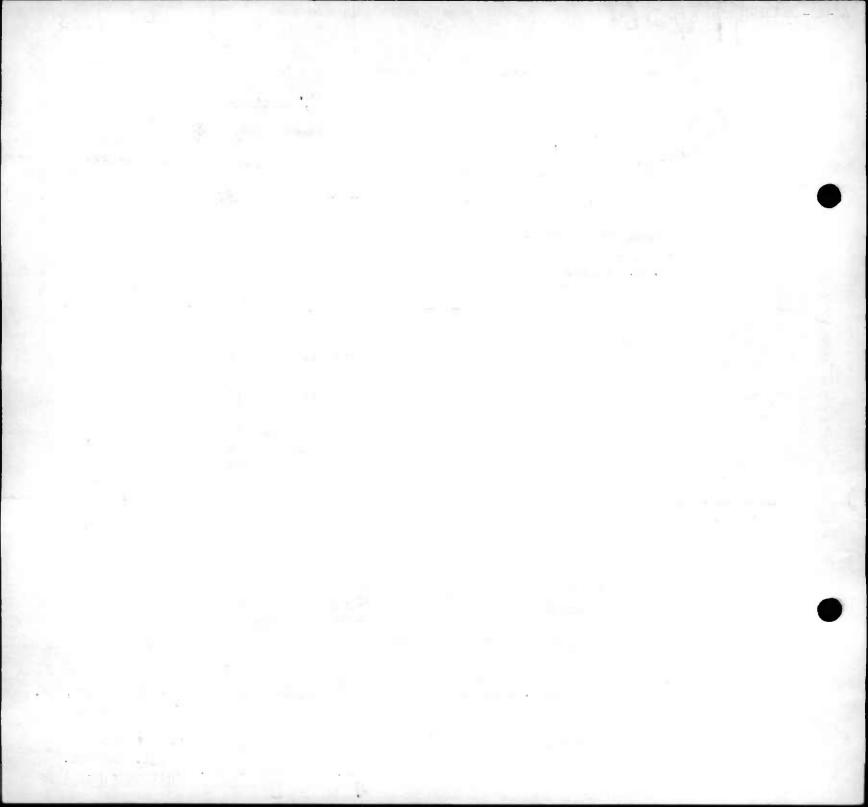
any

of

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH OS CAR\_DAN TELS (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Md Md. B. COUNTY Baltimore FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore. Maryland #21224 (If rurol, give location) D. STREET ADDRESS WOODLAND made. S. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Manths Days WIDOWED, DIVORCED (specify) lost birthdov Hours 5-18-09 Married IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Georgia none IRON WORKING USA 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME OINCAL A. C. Daniels Nina 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT BCH 4940 Eastern Avenue DDRESS 6. SOCIAL (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. Baltimore, Maryland #21224 213-01-5312 RECORDS: CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Sion DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? None 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examine obtained 21D. TIME (Doy) (Month) (Year) (Hout) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 190 7 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death occurred an the date ond hour and from the causes stoted obove. (1)-(We) (did) (did-not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director approval 23C. PHYSICIAN'S 23D. ADDRESS Charles B. Beckman 4940 Eastern Avenue Baltimore, Md. har Kmar 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Charleston, West Verginia 5-10-67 Removal

25B. NAME OF REGISTRAR 2SA. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

1217St. Pad Po 80. 25C. FUNERAL DIRECTOR Cook-Brooks Inc. Baltimore, Maryland



	67 4	684	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	07, 9	1004	CERTIFICA	TE OF DEATH	Registered Na	67 4684
M.E. CASE NO.						
Type or Print)	ECEASED			2. DATE A	ND HOUR OF CEATH	015
7,00	Kee Ong Gee			1511	2/67	194 A
PLACE OF D	EATH IN BALTIMORE, M.	ARYLAND		4. USUAL RESIDENCE (Wh		stitution: residence before admissi
FULL NAME	OF (If not in hospital	or institution.	give street	Maryland	,,,,	
HOSPITAL O	R oddress or locotic	on)			utside city timits, write	KOR ond give township
	2228 E. Mon	ument St	•	Baltimore		
	Baltimore, N	4d. 2122	4	D. STREET ADDRESS	f rurol, give tocotion)	,,
				2228 E. Monu	ment St.	
. SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H
Male	Chinese	Wido		5/17/93	> 3	7000
	CUPATION (Give kind of wo		BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
one during most	of working life, even if retired)					WHAT COUNTRY?
Restaur		Retai	1 Food	Canton, China		U.S.A.
FATHER'S N	AME			14. MOTHER'S MAIDEN NA	AME	
Cee	Hung Tung			To Coo		
. Wos Oeceas	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	Lo See		ADDRESS
	wn) (It yes, give wor or do	les of service)	SECURITY NO.			21204
No			217-32-7740	Mrs. Maybelle	Kam 8321 Ca	rrbridge Circle
1B.	O X I		CAUSE	OF DEATH	75	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION D	RECTLY	A	0	0 10	- ONSET AND DEATH
	LEADING TO DEATH		(A) Ce	relavesale	· head	
	not meen the mode o e, osthenio, etc. It meen		DUE TO	2. 0. 1 Cm	lunselun	<b>3</b>
	e, osmenro, etc. Il meon omplication which cause			en e	012	
	ANTECEDENT CAUSE	s	(B)	Clame Is	entulo	
DISEASES			DUE TO	041	0 0	
	OR CONDITIONS, if the obove couse (A)		(C)	ridully M	ulliting	
	NG CONDITION lost.			<b>4</b>		
	- 11	-				
	NIFICANT CONDITIONS					
	DEATH BUT NOT REL		E			
	OF OPERATION 198. CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS PE	RFORMED		hs	IN CERTIFYING CA	USES OF OEATH?
2TA. ACCIE	PENT WAS UNDERLYING		PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(It in Boltimore	e City, give exact location)
	IBUTING CAUSE OF '	hon		olfice bldg., INJURY OCCUR?		
)						
OF INJURY	(Month) (Doy) (Year		. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		WH	ile At Not Wh			
22	fy that (I) (th <del>is hospit</del> e				105 5	0 - 5
					19 5 0 to	
that (I) (w	e) last saw the deceas	ed alive an	Lyni 1	19 <u>9</u> / ond t	hat in (my) (aur) api	nian death accurred an the c
and hour/p	ind from the causes sto	ated above. (	(did) (didinot)	view the body after death.		
23A. SIGNA	TURE A	0	Λ			23 B. DATE SIGNED
	- )alt VS	1 Som	M.D. At	tending Med.	Stoff	5/12/67
23C BHYCLC	TAME	7	Ph	ys. Director	Phys.	3/2/01
23C. PHYSIC NAME	(Type)	FD .	2 R. W	23D. ADDRESS	1.50	
	MIECI	-14 1	2.1200 KM.D	186.6	AGER	21202
4A. BURIAL CI	REMATION, 248. DATE	24C.N	AME of CEMETERY of CI			ty, town, or county) (State
Buriab	- 4 4-	7 Lor	raine Park Ce	emetery Ba	ltimore, Md.	
	O BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	MAY 1 5 1967	RA B	E Fallenge	Wm.Cook-Broo	ks, Inc. 1217	St. Paul St.
/S 150-REV. 1/	1/65	THE STATE OF	/ 1	7 4 6 0 9		
			*1.0	- 1		

3019 E. Monument S

Frederick D. Miller, Inc

VS 151-REV. 1/1/65

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# BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4686

M.E. CASE NO.								
1. NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD				
			J. BOSMAI		5-13-			12:40 AMM.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESI A. STATE	DENCE (Where de	ceosed lived. If insti B. COU	tution: reside	ence before odmission)
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	Mary1a			Direct	
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TO	WN (If outside	corporate limits, write	KUKAL on	digite township)
21			5	Baltim	ore	1	-0	
BALT	IMORE CITY HO	OSPITAL -	DOA	D. STREET AD	DRESS (If rurol, g	ive location)		
99				517 S.	Washingt	on Street		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIR	тн	9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys : Hours , Min.
Female	White	Marrie		Dec. 21	. 1891	75		
	UPATION (Give kind of we		_				12. CITIZE	N OF
	working life, even if retired	Own H	Oma	Dollada.	one Warre	land	WHAT	COUNTRY?
Housewi		OWIL	- Wife	14. MOTHER'S	MAIDEN NAME	Tanio		
	John Kane							
15 WAS DECEAS	ED EVER IN U.S. ARM		16. SO CIAL	17. INFORMANT	Hanson		ADDRESS	
	(If yes, give wor or do		SECURITY NO.					
No				Alexande	er Bosman	522 Vir	ginia.	Ave.
1B	21.		CAU	SE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION I	DIRECTIV						ONSET AND DEATH
DISEA	LEADING TO DEAT		Arte	riosclarot	ic cardio	vascular d	isease	
(This does	not meon the mode	of dying, e.g.,	DUE TO	LIOSCIETOE	ic carait	vascular u	15 Case	
injury or co	e, osthenio, etc. It meo omplication which couse	d deoth.)						
	ANTEGEDENT CAUS							
	OR CONDITIONS, IF		(B)					
RISE TO TH	HE ABOVE CAUSE (A)	STATING THE	DUE TO					
	NG CONDITION LAST		(C)					
<u>Ö</u>	12							
OTHER SIG	li GNIFICANT CONDITION	S CONTRIBUTION	1G					
O THE	DEATH BUT NOT F	RELATED TO T						
H	F OPERATION 198, CO		WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 2	B. IF YES, WERE FIT	VDINGS CO	ON SIDERED
Ö		ERFORMED		27	- 11	CERTIFYING CAUS	ES OF DE	ATH?
21 A. EXTERNA	AL CAUSE WAS	1218	PLACE OF INJURY (e.g	NO h in or about 21.C.	WHERE DID (16	in Boltimore City, si	ve exact la	cotion)
UNDERLYING	OR CONTRIB-		form, foctory, street,			in commore city, g	, c choc, 10	
ZTA, EXTERNA UNDERLYING UTING CA	USE OF DEATH.	01027						
OF INJURY	(Month) (Doy) (Ye	eor) (Hour) 2	IE. INJURY OCCURRE	D 21 F. I	HOW DID INJUR	Y OCCUR?		
(APPROX.)				T WHILE WORK				
22.			-					
l ce	rtify that I held on	Inquiry	Inspection XX A	utapsy a	nd that on this	bosis, death in n	ny opinian	
resu	Ited fram: Notural c	auses X A	ccident Suic	ide Homi	cide Ur	determined manne	er	
	1	1		CHIEF	MEDICAL EXA	MINER		DATE SICHED
ACTUA		ムムフ	1	- ASSISTANT	MEDICAL EXA	MINER X		DATE SIGNED
SIGNA"		1-15	M		MEDICAL EXA			5-13-67
NAME	(Type) WERNEI	R U. SPI	Z. M.D.	ASSOCIATE	MEDICAL EX	SMINER _		200.
23A. BURIAL CR	EMATION, 238, DATE		C. NAME OF CEMETER	or CREMATORY	23 D. LO	CATION (City,	town, or c	ounty) (Stote)
Burial	5-16-	1067	landon - ap m	-141	Dell'	-tmone Com	da 30	Lun Pand
	D BY HEALTH DEPT.		ardens of F		RAL DIRECTOR	timore Cour		DDRESS
			. 20 .					
	MAY 15 1967	R. O. Br	E tarbuna	Lilly	& Zeiler	Inc. 190	1-07 H	Eastwrn Ave.
VS 151_REV 1/1		1 2 /	7 11 1		<i>(</i> )			

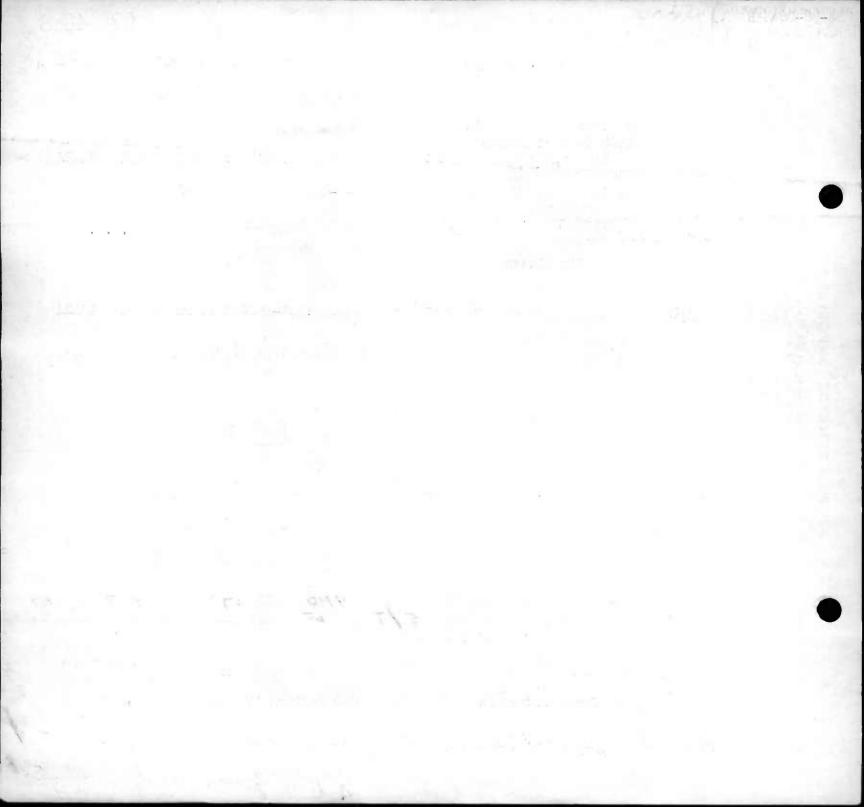
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56050		H NO. CASE NO.	ATE OF DEATH Registered No.	
l in a hospital and ng cause of death cause; (5) Deceased attendance on the ier to death. Such	1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	- D - A
de de on		rouise 1. bbs	5-6-61	2.00 Am.
nospita se of (5) Dec ance o		LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived of B. COUNTY	nstitution: residence before odmission
hospit ise of (5) De ance deat	11	ULL NAME OF (If not in hospital for institution, give street	transfined from Johns Ho	phus Hosp.
a hos cause se; (5) endan to de	1 1	OSPITAL OR oddress or locotion) NSTITUTION	100-0-100	RURAL and give (ownship)
in a ng cause; cause; artend	17	Rai Time RE MA		EMOY. Ma
70.	1	BALTIMORE, ND,	D. STREET ADDRESS (If rurol, give location)	- 120
d d d d d	5. 9	EX   6. RACE /   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
th occurre contribut etermined n regular sceased p	1	WIDOWED: DIVORGED (specify)	2-8-67   lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occu onfrii ermii regu easec	103	EMPLE CORD NIVIK MARKEED USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		
		during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
or or or	12	INFANT INFANT	MAXYLAND	USA.
irect (4) U (4) U wa	13.	A C C C	14. MOTHER'S MAIDEN NAME	1. Route 224
		YR 920RGE TIBBS	MISS Ellen WALKE	NANZEHAYIND
TAN istant the di kind; death ce on nal di	15. (Ye	Nos Deceased Ever in U. S. Armed Forces?  no or unknown) (II yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Sister the kin decenice		NO	GEORGE TIBBS, G	RAYTON, MD
MPORTAN  his assistan  lso, if the d  of any kind;  unced death  trendance or		18. CAUSE (	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
IMP or his Also, e of a nounc aften med		DISEASE OR CONDITION DIRECTLY		
R: IMI ner or hi er. Also cture of pronoun lar after		LEADING TO DEATH  (This does not meen the made of dying, e.g., DUE TO	eumonia	10 Mous
R: ner. ctur oror bal		heart failure, asthenio, etc. Il means the disease, injury or complication which coused death.)		
0 = = = = =		ANTECEDENT CAUSES (B) 15	peretion - / Use FLED	NE
O BEALES		DISEASES OR CONDITIONS, if ony, giving	7 1 r	19 13
2 0 6 G - E 0		rise to the above cause (A) stoling the UNDERLYING CONDITION lost,	eumonia puetron - Tube FEED LTIPLE: Congental F	monales
AL DIR medical edical e burns; (3 hysician n was ir		MOCA	dup CERDCEPHAL	7
- u E . = 0 0	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1	
RAL D f medical medical burns; physician was	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
UNERAL  chief med by a medii body buri the physician w	CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No. 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U C C C C C C C C C C C C C C C C C C C	ERT	214 ACCIDENT WAS LINDEDLYING 218 BLACE OF INITIBY (6.5)		re City, give exect locotion)
4 - 2 - 2		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	re City, give exact loconom
by the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records which records we have the prital records when the prital records we have the prital records when the prital records we have the prital records when the prital records we have the prital records which records which records we have the prital records which records which records we have the prital records when records when records we have the prital records which records we have the prita	SICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	275 HOW DID IN HURY OCCURS	
00 pt 10 pt	MEDI	(APPROX)	23 F. HOW DID INJURY OCCUR?	
> = 3 P B		Work At Work		.031 / /1
pproperty the the (ex obt)		22. I certify that (I) (this hospital) attended the deceased fram	/ 7	YAY 6 196).
= 0 0		that (I) (we) lost saw the deceased alive on MAY		inian death occurred an the date
ust be a based to dent of ospital death) must be		and haur and from the couses stated above. (1) (We) (did and box)	view the bady after death.	23B. DATE SIGNED
must be celeased tracident of tracident of tracident of the postical to death) all must by		7 0 0 M.D. A	ttending Med. Stolf	5-1 (7
F 0 0 7 + 0		23C.PHYSICIAN'S	23D. ADDRESS	20-6
0 0		NAME (Type)		BAIT NO NA
# ( ) 7 7 7	24/	BURIAL CREMATION, 248. DATE 244. NAME OF CEMETERY OF C	ma, Horrica 1	City, town, or county) (Stote)
certi oody ss. (1 D.O.		Burial May 12/187 (Och)	hove Grayton	m
This certif the body shows: (1) was D.O deceased written a	25/	9001100	25C FONERAL DIRECTOR	AODRESSI A
This cert the body shows: ( was D.C decease		DATE REC'D WHEALTH DEET 228. HAME OF REGISTIAR COMMA	The Hunt Thingsal	Jone, Waldert, Keli
	VS	150-REV. 1/1/65	04696	

Till a Comprese TIBBS, CANTER 112

	1-520			BALTIMORE CITY	HEALTH DEPARTMENT	V	OP9 4000
В	IRTH NO.	7 4688		CERTIFICA	TE OF DEATH	Registered Na.	67 4688
1	A.E. CASE NONAME OF DECEASI Type or Print)	CALLIE	LoJen			ND HOUR OF DEATH	7 1 130 A
3	PLACE OF DEATH				4. USUAL RESIDENCE (WH A. STATE B. COU		stitution: residence before admission)
	FULL NAME OF	(If not in hospital		give street	Maryland	Baltimor	e C .
	HOSPITAL OR	Baltimore C:		oitals	C. CITY OR TOWN (If o	utside city limits, write R	RURAL ond give township)
		940 Easter			D. STREET ADDRESS	f rural, give location)	03-00
	O / E	Baltimore, M.	aryland	21224	5 Pike St./L	iberty Trails	s Park 21224
		White	7. MARRIED, WIDOWEL	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 5-8-1882	9. AGE (In years lost birthdoy) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION during most of working Dom ES	ng lite, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	North Carol		12. CITIZEN OF WHAT COUNTRY?
.   1	3. FATHERS NAME	Jim D	ikens		14. MOTHER'S MAIDEN N	Mellie	
	5. Was Deceased Ever fes, no or unknown) (If			1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			216-54-0106	Records: BCM-4	940 Eastern	Avenue 21224
	1B.	XI		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECILY	(A) Pa	06. Brincher	1 asthma	15 yrs.
	heort foilure, osth	meen the mode of menio, etc. It meens	the diseose,			очни и и и и и и и и и и и и и и и и и и	
	injuly or complic						
		ECEDENT CAUSES CONDITIONS, if	ony, giving	DUE TO			
	rise to the o	bove couse (A) ONDITION lost.	stoting the	(C)			
		П					
	E TO THE DEAT	ANT CONDITIONS C	TED TO TH	G E	na a Tuna		
	DISEASE OF CON		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or h		FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?						
	OR CONTRIBUTING DEATH (notify mea		21 B. hom etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., thJURY OCCUR?	(If in Boltimore	: City, give exact facation)
	OF INJURY	onth) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
	(APPROX)		Wo				
		t (#) (this hospital				19 67 to	5' 7 1967
		t saw the decease		/	iew the body ofter death		nion deoth occurred on the dote
	23A. SIGNATURE	im the couses sta	ed dbove. Q	F) (Me) (did) (eld not) V	new the body offer deoth	•	23B. DATE SIGNED
	Jan	us J. (	brkin	M.D. Atte	ending Med. Director	Stoff Phys.	5.7.67
	23C. PHYSICIAN'S NAME (Type)	James T	.Corkin		4940 Eastern		more, Maryland
1	4A. BURIAL CREMAT		24C. N	AME OF CEMETERY OF CRE	MATORY 24D.	LOCATION -// (Ci	ty, town, or county) (State)
	BURIED	MAY9, A	67 Dan	withe Mem	GARdens I	PANVILLE	UA.
	SA. DATE REC'D BY	HEALTH DEPT.	P. Our. PT	S Farberta	250 FUNERAL DIRECTO	OR	ADDRESS .
Í	'S 150-REV. 1/1/65	Y 15 1967	Ulokyel	C. Marie	your pil 11	Jenne ?	63 ) wally It



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH WOMER (Type or Print) 110 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE Ma (If outside city limits, write RURAL ond township) 0 D. STREET ADDRESS (If ruiol, give location) 100 VIEW) 9. AGE (In years If Under 1 Yı. Months: Doys If Under 24 His. Hours WIDOWED, DIVORCED (specify) lost birthdov 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? U.S. 14. MOTHERS MAIDEN NAME 776 Brooku 212-09-21 DEATH ONSET AND DEATH DUE TO DUE TO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) (If in Boltimore City, give exact location) 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While [ At Work 22. I certify that (1) (this hospital) attended the deceased from 5/10/67 19 ond that in(my) (our) apinion death accurred on the date ond hour and from the causes stated abave. (1) (We) (did) (did not) view the body ofter death. 23 B, DATE SIGNED Attending M.D. Med. Phys. Director Phys. 23D. ADDRESS M.D. 24C. NAME of CEMETERY OF CREMATORY (City, town, HIZZ CENVETE HURCH KENLOWAL 5-13-25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

2000 1 Per -Denter Home Niceman Hine 1/27/1974 90 Oak Lucy 312-12-205 Mrs John Mrs 20 1 1 1 1 1 1 1 1 1 Showing THROWBERTS 14-12 5/10/17 до Свителия эт га. Arms Osmanis

NO.	67	4696
110.		

# BALTIMORE CITY HEALTH DEPARTMENT

A. STATE

#### RTIFICATE OF DEATH Registered No .\_

CIT	ACQO
01	4000

BIRTH NO.	2.0	300	C.E
M.E. CASE NO.			-
I, NAME OF DECEASED	)		
(Type or Print)	244 777	DY O CHE	

MARY BLOCK

2. DATE AND HOUR OF DEATH

	10	May	196	7		4	40	P.
ICE	(Where	deceosed	lived.	Ił	institution:	residence	before	odmission
B. (	COUNT	,						

3.	PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND		

FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street oddress or location)

C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
D. STREET ADDRESS

(If rurol, give location)

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ng cause of death cause; (5) Deceased

hospital

931 N. Collington Ave.

931 N. Collington Ave.

B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs.

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Wh ite

10 Oct 1884 10A, USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

ost birthdoy Months Doys Hours 82 12. CITIZEN OF

done during most of working life, even if retired) housewife

Maryland 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

no

17, INFORMANT

Mary Snyder ADDRESS

William Michael 15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO. 214-01-938 A

widowed

Mrs. Helen Karver, 931 N. Collington Ave.

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemmalaz Facalypis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last. 2

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION

20 A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(It in Boltimore City, give exact location)

MEDIC (Month) (Doy) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While At Not While Work At Work

21 F. HOW DID INJURY OCCUR?

Med.

2SC. FUNERAL DIRECTOR

Director L

22. I certify that (I) (this haspital) attended the deceased from May 10 that (1) (we) last saw the deceased alive on

WAS PERFORMED

19.

and that In (my) (our) opinion deoth occurred on the dote

ond hour and from the causes stated above. (1) (We) (did) (did view the body after death. 23A. SIGNATUR

23 C. PHYSICIAN NAME (Type)

Attending Z Phys. 23D. ADDRESS

Stoff Phys. 23B. DATE SIGNED

ADDRESS

Louis F. Klimes

24A. BURIAL CREMATION, 24B. DATE burial

13 May 67 Parkwood Cemetery

24C. NAME of CEMETERY OF CREMATORY

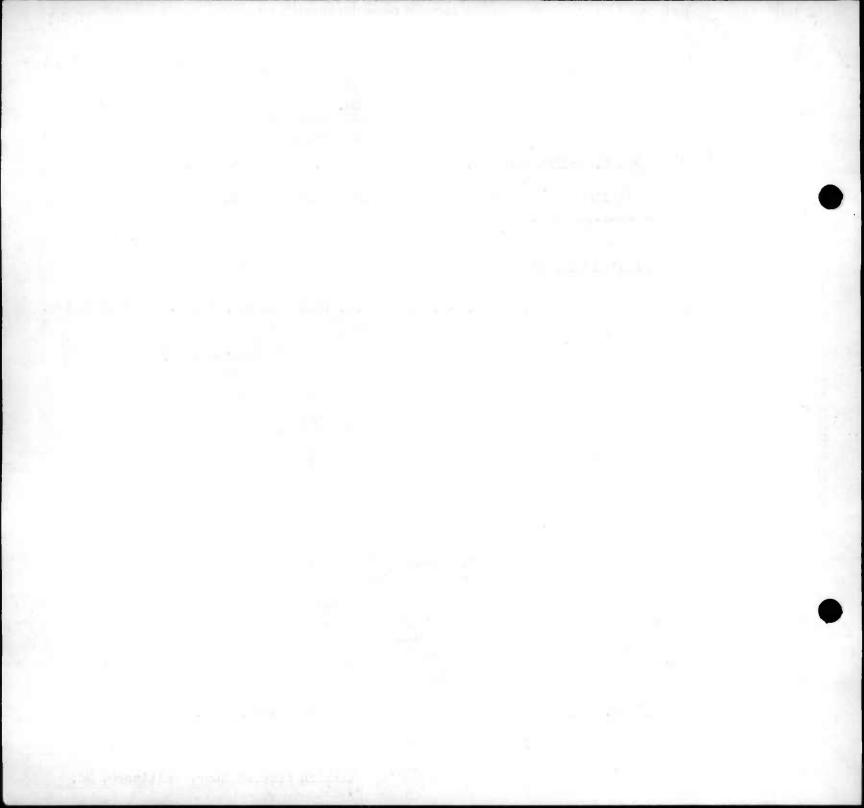
Baltimore County, Md.

25 B. NAME OF REGISTRA

rich Funeral Home, Baltimore, Md.

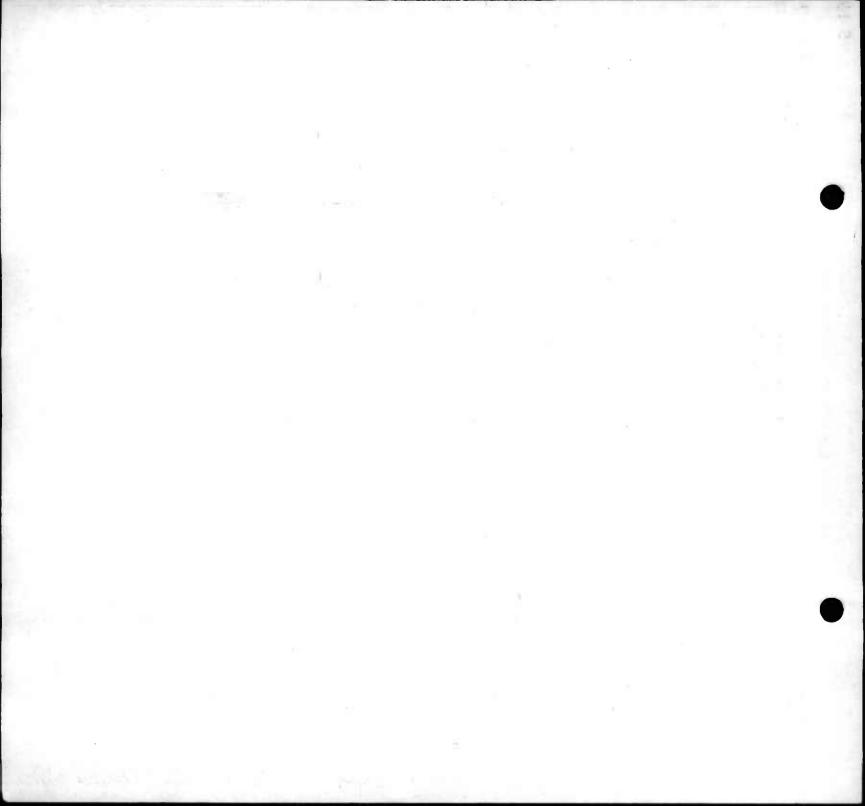
VS 150-REV, 1/1/65

(APPROX.)



祖。

350 67 4691	BALTIMORE CITY	HEALTH DEPARTMENT	100 mg (100 mg)	67 - 4690
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	07, 4001
M.E. CASE NO.  1. NAME OF DECRASED  (Type or Print)		2. DATE AL	O G	720 pm
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give oddress or location)	street		utside city limits, with RI	JRAL and give township)
THE JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS (IF	rurol, give location	0.6
5. SEX 6. RACE 7. MARRIED, NEV WIDOWED, DI WIDOW	VORCED (specify)	B. DATE OF BIRTH 4-8-97	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS	INESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,77
BEORGE HEADEN  15. Was Deceased Ever in U. S. Armed Forces?   16.	40.6141	ANNIE	SILEK	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	ler ii a a i	= 1 AUVAL 17 C+
18.	CAUSE 0	F DEATH	LEE JODINE	INTERVAL BÉTWEEN
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Ce	rebrovasculor	Acident	2 days
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO		- ^ ^	
injury or complication which caused deoth.)  ANTECEDENT CAUSES	(B)	yocadial	Su fact ion	Tolays
DISEASES OR CONDITIONS, if any, giving nse to the above cause (A) stating the UNDERLYING CONDITION lost.	(c) D	rebrovasculor yocardial rabetes the	litus	1042
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	CE OF INJURY (e.g., i) orm, foctory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact facation)
	t Not While At Work		JURY OCCUR?	
22. I certify that (I) (this haspital) attended the d	eceased from	5/5/67	19 ta 5/	(0/6) 19.
that (I) (we) last saw the deceased alive an	2/0/67	19and tl	hat in (my) (aur) apin	ian death accurred an the date
and haur and fram the causes stated abave. (I) (W	e) (did) (did nat) v	riew the bady after death.		23B. DATE SIGNED
Koher M. Winder M.	M.D. Atte	ending Med. Director	Stoff Phys.	5/10/67
23C. PHYSICIAN'S NAME (Type)	na keed MD	Tales Hank	200 1/2010	1-1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY of CR	EMATORY 14D.	LOCATION (City	, town, or county) (Stote)
SURIAL 5-15-67 MG	FAUBU	RA FINERAL DIRECTO	BALTIMO	RE MId
MAY 15 1967 R. C. B.	Jarberga	JOSEPHO A	5V10-HT 16	39 N. BROADWA)

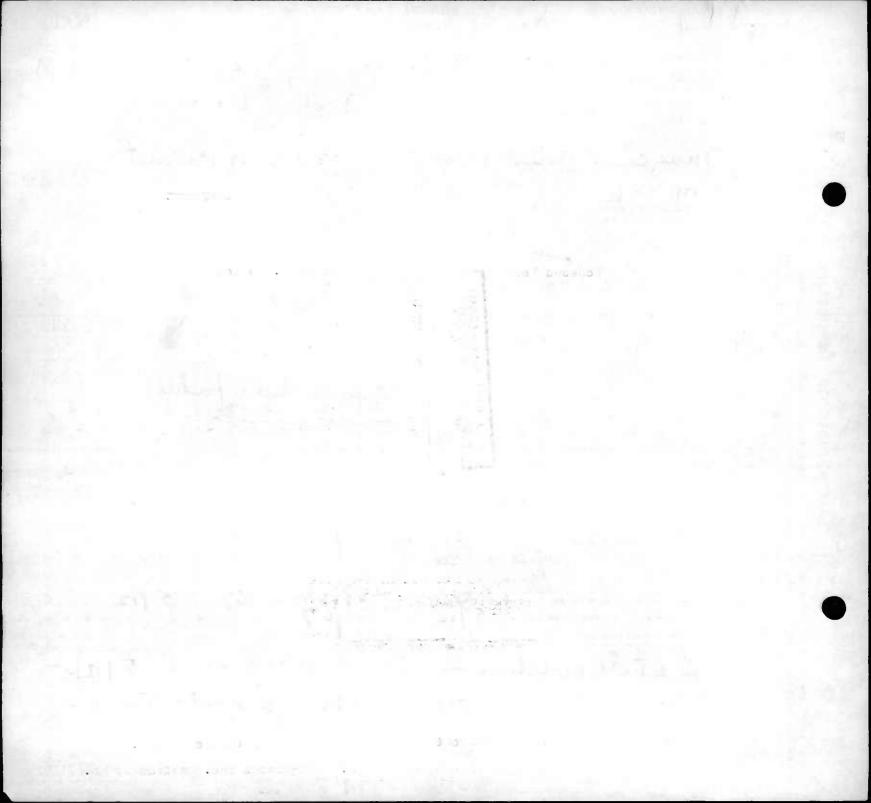


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	BA	LTIMORE CITY	HEALTH DEPARTMENT		67 4692		
- 11	BIRTH NO. 67 4692 CI	ERTIFICA	TE OF DEATH	Registered No.	07 400%		
- 11	Tyler		2. DATE AN	D HOUR OF DEATH	7 1 12 55 AM.		
	PLACE OF DEATH IN BALTIMORE MARYLAND  FULL NAME OF (If not in hospital or institution, give street		A. Maryland B. COUN	Baltimore	itution: residence before admission)		
	HOSPITAL OR address or location)		C. CITY OR TOWN (Il outside city/limits, write RURAL and give township)  Towson				
1	TBon Secours HospiTA	_		rural, give location)	53.00		
	6. RACE 7. MARKIED, NEVER N WIDOWED, DIVORC Married	AARRIED CED (specify)	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
1	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES)	S OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF		
	Associate Engineer		muchen	222/	WHAT COUNTRY?		
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME //	1 0		
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCI		17. INFORMANT	e Han	ADDRESS		
		IRITY NO.					
l	Yes   WW11   218-0	09-1807 CAUSE 0	Mrs. Norma B.	Powers 911 F	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		22 angle	7 Un Aula	OKSET AND DEATH		
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	DUE TO	L Mann	100	June 12		
	ANTECEDENT CAUSES	(B)	produc	we my	Coraral		
	DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stating the UNDERLYING CONDITION lost,	(C)	infarctie	77			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Phy	lmonary	colema	۸ .		
	198. CONDITION FOR WHICH O WAS PERFORMED	PERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU			
	U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE O	FINJURY (e.g., in factory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
	21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY (APPROX.)	OCCURRED Not Whil	21F. HOW DID INJ	URY OCCUR?			
	22. I certify that (I) (this haspital) attended the decea	At Work	11/11/13/	10/2 10	104/4/10/2		
	A.	ay /	/1 /19 / ond th		on death occurred on the date		
	and hour and from the causes stated obove. (1) (We) (d	lid) (did not) v	iew the body after death.				
	23A. SIGNATURE H. Ghildai	M.D. Atte	ending Med. Director	Staff Phys.	May 14/67		
	23C. PHYSIOLAN'S NAME (Type)  HOdo homid Shill  24A. BURIAL CREMATION,  24B. DATE  24C, NAME of C	di M.D.	BONS	CCOUYS OCATION (City	Hospital,		
	REMOVAL (Specify)						
	Burial   5/17/67   Dulaney N 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGIST		emetery Coc	keysville, M	aryland		
	MAY 15 1967 Welut E. 4	Chaeuf	Wm CookyBroo	ks Towson 10	50 York Rd.21204		
1	/\$ 150-REV. 1/1/65	4.					

Bon Secons Hesp TAL Name of the 7-20-143 53 Muchigan associate Engineer Leon T. Poucou Carmer Han. Coronary indefe. & possible mice in majarchen . Fulmonary colons. May 14/167 67 May 13/ 67 May AH. Ghiladi V May 1st late Abdolhamid Shiladi Bon Secours Hes

M.	67 4693		HEALTH DEPARTMENT		67 4693
Ш	IRTH NO, A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	7000
(	NAME OF DECEASED  Type or Print)  PLACE OF DEATH IN BALTIMORE, MARYLAND	o Gilbert	5 1	HOUR OF DEATH	1:15 A M
	FULL NAME OF HOSPITAL OR oddiess or locotion)	ion, give street	C. CITY OR JOWN (If out:	Baltin	URAL and give lownship
1	minical Court	beought.	D. STREET ADDRESS (If i	uiol, give location)	int
Lav	SEX 6. RACE 7, MARE	RIED, NEVER MARRIED (WED, DIVORCED (specify)	B. DATE OF BIRTH	ost binbdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	0A. USUAL OCCUPATION (Give kind of work 10B. KINI one during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreign	n country) Rece	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
1	DeJesus Vega 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITE NO.	Amelia R. To	orres	ADDRESS
	1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EAUSE OI	F DEATH GI BA	eeking	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused deoth.)  ANTECEDENT CAUSES		hous lui	in failin	4
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) slating UNDERLYING CONDITION lost,	vin S V	ORTH CIPA	The state of the s	type
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSE? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obouy 21 C. WHERE DID	(It in Bollimore	City, give exact location?
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	F 1	19 C 7 and the	9G7 ta 5 ot in(my) (aur) apin	ian death accurred an the date
	and haur and fram the causes stated abav	e. (I) (We) (did) (did nat) v	iew the body after death.		23 B. DATE SIGNED
	Donal Circles	M.D. Atte	anding Med. Director	Stoff Phys.	5 (12/1)
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS (2)	egester	anemie
	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (City	y, town, or county) (State)
	Burial 5/16/67	Prospect Hill	Ва	altimore Co,	
	MAY 15 1967 02 Cz	A E STANLANTA	Wm. Cook-Brook	s Inc. Balt	imore, Md. 21202
. 1	'S 150-REV. 1/1/65				



IMPORTANT

**DIRECTOR:** 

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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S-S | 2 BIRTH NO. BIRTH NO. BIRTH NO. BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4695

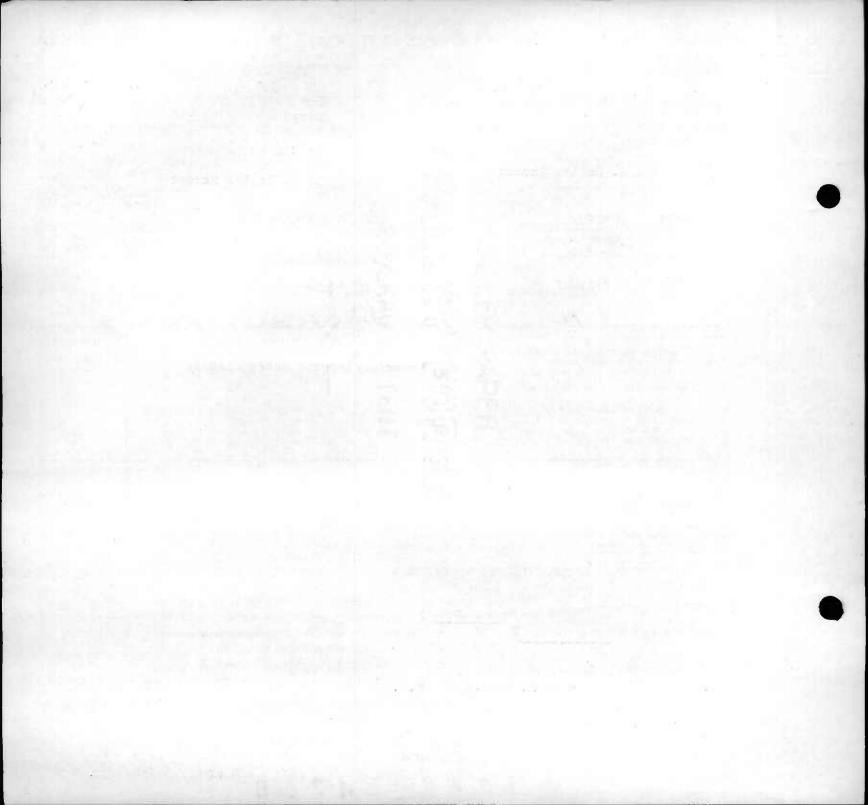
M.E.	CASE NO.		) (C) (E E)	W WITH TER O C			DEATH			
1. N	AME OF DECEAS	ED				2. DATE AN	D HOUR PRONOUNC	ED DEAD		
	or Print)		ALLACE	SAMPSON		May	12, 1967	1	3:30	A. M.
3. PL	ACE IN BALTIMO	RE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE		deceosed lived. If inst	itution: reside	ence before	admission)
FULL	NAME OF	TE NOT IN HOSE	ITAL OR INSTITI	UTION, GIVE STREET	Ma	ryland				
HOSE	PITAL OR TUTION	ADDRESS OR LO	CATION)	onory or a single			e corporate limits, write	RURAL ond	d give towns	hip)
2	3					ltimore			11	02
1	Johns	Hopkins 1	Hospital	(DOA)	D. STREET ADDE					
4	61			<u> </u>			Ionument Str	eet		
5. SEX	6. R/	ACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	Months   C	1 Yr. If Und	er 24 Hrs.
1	Male	Negro			Julyo	29-195	16			
	JSUAL OCCUPAT during most of working			F BUSINESS OR INDUSTRY	BIRTHPLAGE	State of fareig	n country)	12. CITIZEN	COUNTRY	24
		now	-		Hurl	ock	mel	1	12/1	_
13. F	THER'S NAME	. 1 1			14. MOTHER'S M.	AIDEN NAM				
6	valace	J. Sci	noson	_	1 Jou	s Co	bru			
	AS DECEASED EN			16. SO CIAL SECURITY NO.	17. INFORMANT	(	7	ADDRESS		
		no			Walla	16 8	aipsur -	low.	1	
11	FOR	17.		^ CAUSE	OF DEATH		1		INTERVAL B	
	DISEASE O	R CONDITION	DIRECTLY					(	ONSET AND	DEATH
	LEA	DING TO DEA	TH	(A) Shote	un wound	of back				
	(This does not re heart failure, osth	neon the mode enio, etc. It med	of dying, e.g., ns the discose.	DUE TO	·				***************************************	
	injury or complica	otion which couse	d deoth./							
		CEDENT CAU		(8)						
	DISEASES OR (	CONDITIONS, IF OVE CAUSE (A)	ANY, GIVING	DUE TO						
-		CONDITION LAS		(C)						
Ó-				10/						
\X	OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTII	NG						
표		TH BUT NOT		HE						
CERTIFICATION	A. DATE OF OPE	RATION 198. CO	NOTION FOR	WHICH OPERATION	20A. AUTOPSY		20 B. IF YES, WERE FI			
0	2	WAS P	ERFORMED		Yes		IN CERTIFYING SAU	SES OF DEA	TH?	
V Z	A. EXTERNAL CA	USE WAS	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. W	HERE DID	If in Boltimore City, gi	ve exoct loc	otion)	
EDIC	TING CAUSE O	F DEATH.	etc.)				1 :		7-0-	5
$ \Sigma _2$	ID TIME (Me	onth) (Doy) (Y	eor) (Hour) 2	tavern	21 F. HC	ON DID INTO	roline Stre	et		
	APPROX.) 5-12	2-67 3	15 A. m.	WHILE AT NOT AT W	WHILE X S	hot by	tavern owne	r		
2	2.	has I hald							1	
		hot I held an					s bosis, deoth In n			
	resulted	from: Noturol o	auses A	ccident Suicide		_	Indetermined monne	er _		
	ACTUAL	(1, 1		1			AMINER _		DATE SI	GNED
	SIGNATURE	cusa	37.0	M.D.	ASSISTANT ME					
	EXAMINER' NAME (Type	) Charle		ingate, M.D.	ASSOCIATE M	EDICAL EX	(AMINER	May 12	, 1967	
REMO	BURIAL CREMATI	ON, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	, town, or co	ountub	(Stote)
	Burial	5-16	5-67	Bull Ma	& (bett		Malla	m	1	
24A.	DATE REC'D BY	TEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	min	AC	DRESS	
	BA I	Y 15 196	7 00	20 Z. n. ma	8/1	. m	1.10	-0-		1
	1417	N TO 120	10000	O C. MONDEMAN	Klo	404	1020-100	V/1/1	and	eyle

and to have as 12-2.

## BALTIMORE CITY HEALTH DEPARTMENT

A	0	10	0
4	n		n

BIRTH No. 46	96 MED	ICAL EX	AMINER'S	ERTIFICA	TE OF D	EATH Registe	red No.57	4696
M.E. CASE NO.			•					
1. NAME OF DECEAS		LORENCE	JONES			HOUR PRONOUNCE	ED DEAD	7:40 P.
3. PLACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESU	DENCE (Where de	eceased lived. If insti	itution: residence	M. befare admissian
	(IF NOT IN HOSPITA	AL OR INSTITU		C. CITY OR TO	laryland	B. COU	INTY	
0 0 201	S. Dallas	Street		D. STREET ADD	DRESS (If rurol, g	ive location)  las Street		
5. SEX 6. R	ACE	7. MARRIED, I	NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years		r. It Under 24 Hrs
Female	Negro	WIDOWED, D	NVORCED (specify)	mach 2	2-1884	last birthdoys	Manths, Doy	Hours Min.
IOA, USUAL OCCUPAT done during most of works	ng like of work	10B. KIND OF	BUSINESS OR INDUSTR	17 11. BIRTHPLACE	(State or foreign	h-	12. CITZEN C	
13. FATHER'S NAME	reduce			14. MOTHER'S N	MAIDEN NAME	re	u	2/1
Denn	Jones			Luca	- WI	O Rosan-		
15. WAS DECEASED EX	VEX IN U.S. ARMED	FORCES? s of service)	16. SOCIAL SECURITY NO.	W. INFORMANT	0	1	ADDRESS	31111
	24			Pecul,	Loger	So	me	_
18. 4 20	0 1		CAUS	E OF DEATH				ERVAL BETWEEN
DISEASE C	R CONDITION DI	RECTLY				1.		
	mean the made of henio, etc. It means otion which coused		DUE TO	riosclerot	ic neart	aisease	**	
injury or complic	otion which coused	deoth.)						
	CONDITIONS, IF A		(B)	***************************************				**************************
RISE TO THE AL	BOVE CAUSE (A) ST CONDITION LAST.	TATING THE	DUE TO					
Z			(C)	***************************************		*********		
TO THE DEA	II CANT CONDITIONS ATH BUT NOT REPONDITION CAUSING	LATED TO TH						
	ERATION 19B. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPS		B. IF YES, WERE FIN CERTIFYING CAUS		
21 A, EXTERNAL CAUNDERLYING OR UTING CAUSE C	CONTRIB-	21 B. P home, etc.)	farm, foctory, street,	in ar about 21C. 'affice bldg., INJUR	WHERE DID (II	in Boltimore City, giv	ve exact lacatio	n)
2	onth) (Doy) (Yeor	) (Haur) 21	E. INJURY OCCURRED	21 F. H	OW DID INJUR	Y OCCUR?		
(APPROX.)		m. W	HILE AT NOT	WHILE				
22. I certify	that I held on I	nquiry 🗌	Inspection X Au	utopsy on	d that on this	bosis, deoth in m	y opinion	
resulted	from: Notural car	uses X	cident Suici			determined monne		
ACTUAL	Charles	le	1 int		MEDICAL EXA	-	D	ATE SIGNED
SIGNATURE EXAMINER' NAME (Type	S Chamler	S. Spr	ingate, M.D.	100001175	MEDICAL EXA	p	May 12,	1967
23A. BURIAL CREMAT	E /		NAME OF CEMETERY		23D. LO	CATION (City,	town, ar county	(Stote)
Sunt	5-10	5-67	not Cecher	rat	6	sook a	n h	1
24A. DATE REC'D BY	TEALTH DEPT.	24B. NAME C	DE REGISTRAP	24C. FUNER	RAL DIRECTOR	1	ADDR	ESS
in (1	20 1007 (	Can C	- democratical	Elion	plus la	on win R	reinte	ake
VS 151-REV. 1/1/65		9 (	0 / 0 0	9 4/7	0 5			/



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attendance

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the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns;

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hospital death) must 0

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obtained

approval

VS 150-REV. 1/1/65

prior ŧ

> eceased written

MEDICAL

the

attendance

disposition is made deceased

death.

3.

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

M.E. CASE NO.

### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered	Na	67	4697
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(If outside city limits, write RURAL and give township

VILLINETTE	BANNING	2, DATE A	5-10-	4

(pe or Print)	WILLINETIE	BANNING		3	5-10-0	67	1 7	23	P. M.
PLACE OF DEA	TH IN BALTIMORE, MARYLAND		4. USUAL RESID	B. COUNT		d. If institution:	residence t	before odd	hission)
FULL MANAGE	e de la	G. 15	MARYLAN	VID .				×	

FULL NAME O (If not in hospital or institution, give street oddress or location) INSTITUTION BALTIMORE CITY HOSPITALS

4940 EASTERN AVENUE

BALT IMORE D. STREET ADDRESS (If rural, give location)

	BALTIMORE,	MARYLAND #21224	2413 WILGREY	CT. #2123	0
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi
FEMALE	NEGRO	MARRIED (speelly)	12-18-10	56	Monas Doys Hoors Willi.
IOA. USUAL OCC	UPATION (Give kind of wo	1 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	eign country)	12. CITIZEN OF

JANITRESS

VIRGINIA 14. MOTHER'S MAIDEN NAME TISA

ADDRESS

13. FATHER'S NAME

## WALTER MINGLETON

CARRIE SMITH

15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or objects of service)

16. SOCIAL SECURITY NO. 17. INFORMANT BCH 4940 Eastern Avenue

140	10		RECORDS:	Baltimore, Mary	rland #21224
	E OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		tionascular disea	INTERVAL BETWEEN ONSET AND DEATH
heart failuie, injuiy ai cam	at mean the made of dying, e.g., asthenia, etc. It means the disease, plication which caused death.) INTECEDENT CAUSES	DUE TO	Dialustes lue	eliks.	Valenour
iise to the	R CONDITIONS, if any, giving abave cause (A) stating the CONDITION last.	(C)			
E TO THE DI	PICANT CONDITIONS CONTRIBUTING EATH BUT NOT RELATED TO THE CONDITION CAUSING IT.				

CATION	OTHER SIGNIFICANT CONI TO THE DEATH BUT DISEASE OR CONDITION O	NOT RELATED TO THE				
ERTIFIC	19A-DATE OF OPERATION	198. CONDITION F WAS PERFORMED	OR WHICH	OPERATION		
ū	21A. ACCIDENT WAS UND	ERLYING -	218 PLACE	OF INJURY		

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

(If in Boltimore City, give exact location)

(Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

2			/	10 6
APPROX.)	While At Work	At Work	e 🗍	

5-10 67 that (1) (we) last saw the deceased alive an and that in (my) (our) apinion death occurred on the date

and hour and f	rom the couses st	ted above. (I) (We)	(did) (did not) vie	w the bady ofter deoth.
		The same of the sa		,

0 1100	,, one mon m	10 (00303 310100 000	(1) (11	e, (ala) (ala l	ioi/ view life	budy offer	46011
A. SIG	NATURE	100					
		At VA	100	M.D.	Allending	Med.	

		238.	DATE	SIGNED
Med. Director	Stoff Phys.		5-	10-67

	V	1	0000
23C.PHYSICIAN'S			
NAME (Type)			/

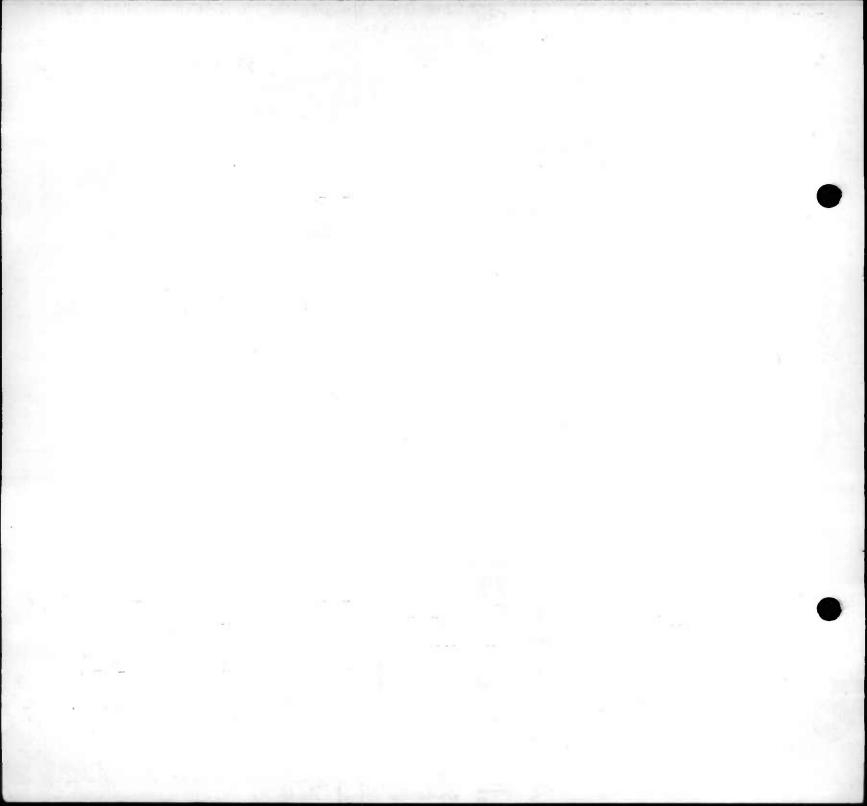
Daniel Tarsy

23D. ADDRESS 4940 Eastern Avenue

Baltimore, Md. #21224

	24A. BURIAL CREMATION,	24B. DATE	24C, NAME of CEMETER	RY OF CREM ATORS
ł	REMOVAL (Specify)		1	//
i	16 1	1-11/10	1/-	//
ı	Burac	3-18-61	100	1 /2/
1	OF A DIATE OF CASE BY MARAL	211 0 200 6220		

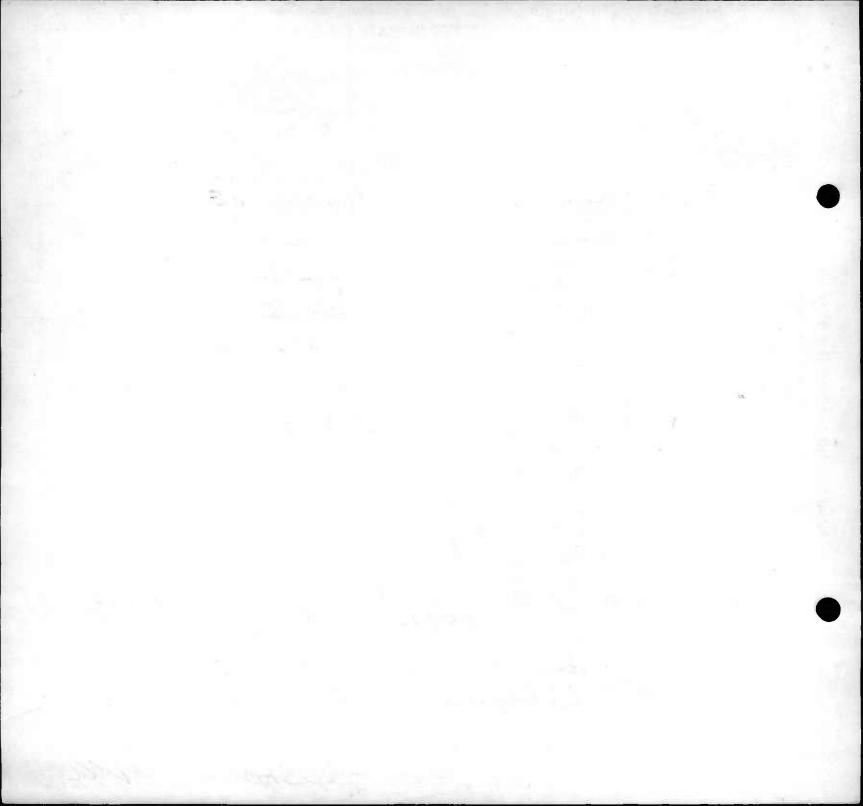
ADDRESS



D	C-1/-	0	BALTIMORE CITY	Y HEALTH DEPARTMENT	
13	PROOF		TH NO. 67 4698 CERTIFICA	ATE OF DEATH Registered No. 67 4698	
Rom	Suc the Suc	1. N	IAME OF DECEASED  Coe or Print)	2, DATE AND HOUR OF DEATH	) "
B.	De ath.		PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odm A. STATE  B. COUNTY  MARYLAND	sission)
80	se; (5)	F	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocotion)  NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE.	11
1	d Gau		3 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If turol, give locotion) 24 N. CHAPEL ST.	7
0	occurred ontributi ermined regular eased p	5. \$	FEMALE NEGROID 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH  9. AGE (In years of Months Doys Hours of Months Doys H	24 Hrs. Min.
8 %			USUAL OCCUPATION (Give kind of work 10.8, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
ME	de as	13.		14. MOTHER'S MAIDEN NAME	
1 -			JOHN GREEN	Secrette Grace	
TAN	ssistant the di kind; death nce on final di	15, V (Yes	Was Deceased Ever in U. S. Armed Forces?  S, no of unknown) (If yes, give war or dates of service)  W	17. INFORMANT ADDRESS	
EDO	B # C P P P		1B. CAUSE OF	OF DEATH INTERVAL BETWEE	
EAS	lso, of ounce them		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ibarachroid homortas & da	
RELE	er.		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	700000	
CTO			ANTECEDENT CAUSES (B)		0000000000
3 W	Xarr X) A Wh Wh are		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)		
DIR	ical e cal ex ns; (3) ician as in ains a		UNDERLYING CONDITION lost.		
GREE RAL D	Pil I S > E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,		
ш	dy dy	RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPRY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
FUN	y the chital by ce; (2) Bo chere the No phys	ير اا	21A. A CCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CAUSE OF   CAUSE OF	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?	
0	hospi nature ept w d (6) P		21 D. TIME (Month) (Doy) (Yeat) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) White At Wark At Work	21F. HOW DID INJURY OCCUR?	
	S S X E E		22. I certify that (1) (this hospital) ottended the despessed from	5/6, 196/10 )/9 196	27
B	하는 하는 근 어		that (N) (we) last sow the deceased alive an	19 Ond that in (my) (our) opinion death occurred on the	ne dot
T.	beed pit		and haur and from the causes stated obove. (1) (We) (did nat) vi	view the body offer death.	
F	3 6 .5 .		M.D. Atter Phys	tending Med. Stoff Phys. P 5967	
	was re An ac Drior		23C. PHYSICIAN'S () NAME (Type)	23D. ADDRESS	
		24A	N. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREATER OF		State
	F 70 0 0 C		Bun al 5-13-67 MT. Album	(het Bato. m.	el
1	This certifulate body shows: (1) was D.O. written a	25A		25C. EUNERAL DIRECTOR ADDRESS	-
		VS	150-REV. 1/1/65	a for the food workly m	

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	051 4000	BALTIMORE CITY	HEALTH DEPARTMENT		02 4000
11	IRTH NO. 67 4699	CERTIFICA	TE OF DEATH	Registered Na	67 4699
1,	NAME OF DECEASED  YPE OF PRINT!  PLACE OF DEATH IN BALTIMORE MARYLAND	ohnson	MO	ND HOUR OF DEATH	67 9 P. M.
3,			A, STATE B. COU	TY	itution: residence befare admission)
	FULL NAME OF (If not in haspital or institution, and oddress or location) INSTITUTION	give street	C. CITY OR TOWN (II o	utside city limits, write RU	IRAL and give township)
\$	Drovident the	0	D. STREET ADDRESS . (III	ryral, give location)	16-02
1	15/4 Bibision St. 7	salto Md.	1525 Wine		•
1	unele delived Wad	NEVER MARRIED D, DIVORCED (specify)	May 1884	83	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
	0A. USUAL OCCUPATION (Give kind of work 108, KIND OF one during most of working life, even if refired)  Howard	BUSINESS OF INDUSTRY	11. BIRTUPLA CE (State or for	1/04	12, CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME		14, MOTHERS MAIDEN NA	how to	
1:1	5, Was Deceased Ever in U. S. Armed Farces? res,no or unknown) (II yes, give war or dates al service)	16. SOCIAL SECURITY NO.	17. INFORMANT	The 1	ADDRESS
-	18.	CAUSE O	F DEATH	Fus J	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PU	MONARY	EDEMA	. ONSET AND DEATH
	(This does not mean the mode at dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)		DESTIVE	HEART	FAILURE
	ANTECEDENT CAUSES	DUE TO	0021110		MICHIEL
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	C. V. H.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	i UR	EMIA		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? Yes at N	O) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING [218.	ne, lorm, loctory, street, o	or about 21 C. WHERE DID	(If in Boltimare	City, give exact location)
7	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this haspital) attended the		10101-18	10 67 . Ma	24 /2 10 67
	that (1) (we) last saw the deceased alive an		[ m		on death accurred an the date
	and haur and fram the causes stated abave. (1	) (We) (did) (did not) v	iew the bady after death.		23B. DATE SIGNED
	Lacar	M.D. Atte	ending Med. S. Director	Stoll Phys.	5 1267
	23C-PHYSICIAN'S NAME (Type) LIZAR	AZO M.D.	PROVID	DENT H	DIPITAL
2	4A. BURIAL CREMATION, 24B. DATE 24C.NA	AME OF CEMETERY OF CR	MATORY 24D.	LOCATION (City	town, or county) (State)
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	renklong	VC ADDRESS
	MAY 15 1967 A. Carlo	E Farbura	Lee 11	former	15 Ol Dean
V	S 150-REV. 1/1/65	N. 1.	0.00		



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IMPORTANT

**DIRECTOR:** 

FUNERAL

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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na

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CERTIFICATE	OF	DEATH
CERTIFICATE	<b>U</b> L	DEAIL

M.E. CASE NO.	CERTIFICATE OF I	JEA III	
I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	0000
(Type or Print) EDWARD C.	BROWN	11 MAY 196	7 1 12 03 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RE A. STATE	SIDENCE (Where deceased lived, If instit B. COUNTY	ution: residence before admission)
man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marry	hand	

C. CITY OR TOWN

8. DATE OF BIRTH

Maryland

MYUCARDIAL

FULL NAME OF	(If not in hospital or institution, give stre-	et
HOSPITAL OR	oddress or lacation)	
INSTITUTION	City Hospitals	
Baltimore	City Mospitals	

Baltimore D. STREET ADDRESS

4940 Eastern Ave. Baltimore, Maryland # 21224 7. MARRIED, NEVER MARRIED

2710 W. Lanvale St. 21216 007

9. AGE (In years

WIDOWED, DIVORCED (specify) Male Negro Widowed 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign caunity) dane during mast af warking life, even it retired)

3-4-97

12. CITIZEN OF WHAT COUNTRY? U.S.A.

If Under 24 Hrs.

Hours

ONSET AND DEATH

10 minusks

If Under 1 Yr. Months: Ooys

Laborer 13. FATHER'S NAME

No

14. MOTHER'S MAIDEN NAME Mariah Cager Augustus Brown

15. Was Deceosed Ever in U. S. Armed Forces? (Yes,na arunknawn) (If yes, give war ar dates of service) 17. INFORMANT 6. SOCIAL SECURITY NO. 03-0460

ADDRESS 21224 BCH: Records 4940 Eastern Ave. Baltimore, Md. CAUSE OF DEATH INTERVAL BETWEEN

INFAKEDIAN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving to the abave cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined

21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, larm, factory, street, alfice bldg., INJURY OCCUR?

(If in Baltimore City, give exact location)

MEDICAL 21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY

21 E. INJURY OCCURRED While At

21 F. HOW DID INJURY OCCUR?

(APPROX.) 22. I certify that (1) (this haspital) attended the deceased from 127 APRIL that (I) (we) bust saw the deceased alive an 11 (Y) A

Nat While At Work

and that In(my) (aur) opinion death accurred on the date

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death.

22A. STGNATURE

Attending 23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS Baltimore City Mospitals

4940 Eastern Ave. Baltimore, Maryland #21224

Daniel D. Foote 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial

24C. NAME of CEMETERY of CREMATORY Western Star Cem.

Baltimore

Kelson Funeral Home-1348 Calhoun St.

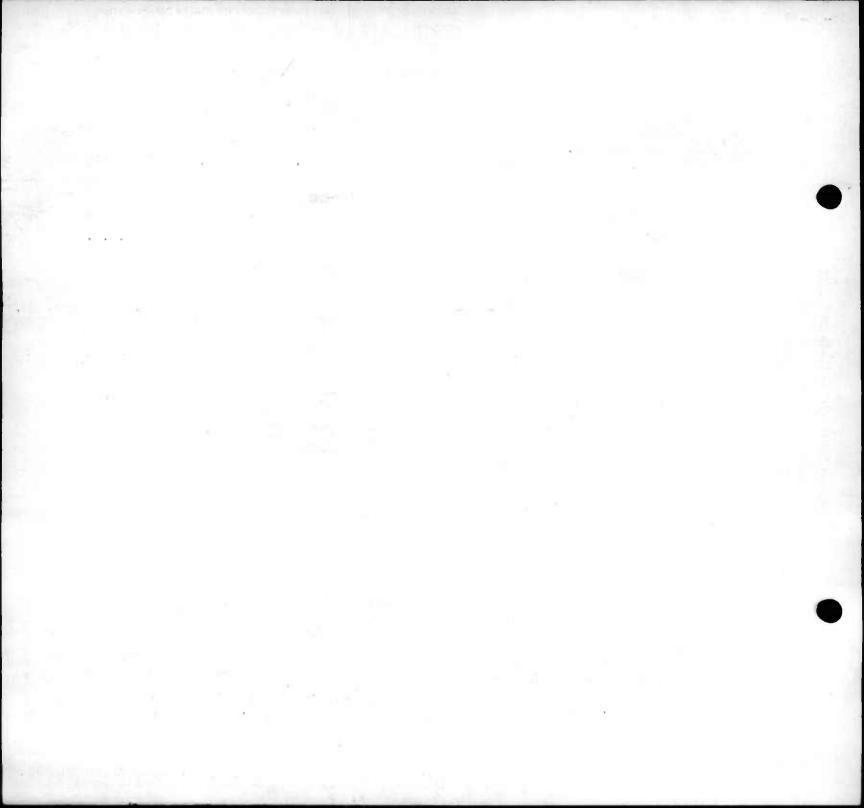
Maryland ADDRESS

23 B. DATE SIGNED

258. NAME OF REGISTERAR
Polent E. Fallenna

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65



10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY) 1 BIRTHPLACE (Stote or foreign country)

6. SOCIAL

SECURITY NO

DUE TO

(C).

21E, INJURY OCCURRED

Inspection

WHILE AT

Accident

24B, NAME OF REGISTRAR

m. WORK

dene during most of working life, even if retired) Self - Employed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no er unknewn), (If yes, give wor er detes ef service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not meon the mede of dying, e.g., heart feilure, esthenie, etc. It meens the diseese, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION

(Yeer)

(Hour)

Inquiry

Charles S. Petty

WAS PERFORMED

UNDERLYING CONDITION LAST.

DISEASE OR CONDITION CAUSING IT.

(Month) (Dev)

I certify that I held an

resulted fram: Natural causes x

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

eeder

13. FATHER'S NAME

Jesse

CATION

CERTI

21D TIME

OF INJURY (APPROX.)

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION.

24A. DATE REC'D BY HEALTH DEPT.

22

2-16-1936

MOP

7. INFORMANT

CAUSE OF DEATH

NOT WHILE

Suicide

23C. NAME et CEMETERY er CREMATORY

Autopsy X

4. MOTHER'S MAIDEN NAME

(A) Acute and Chronic Pneumonitis.

21B. PLACE OF INJURY (e.g., in or obeut)
21C. WHERE DID (If in Beltimere City, give exect location)
home, ferm, fectory, street, effice bldg., INJURY OCCUR?
etc.) Yes

Hamicide

em

24C. FUNERAL DIRECTOR

M.D. ASSISTANT MEDICAL EXAMINER X

21F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

31

20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED

and that an this basis, death in my opinian

10

23D. LOCATION

Undetermined manner

IN CERTIFYING CAUSES OF DEATH?

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

.S. A.

INTERVAL BETWEEN

ONSET AND DEATH

Yes

DATE SIGNED

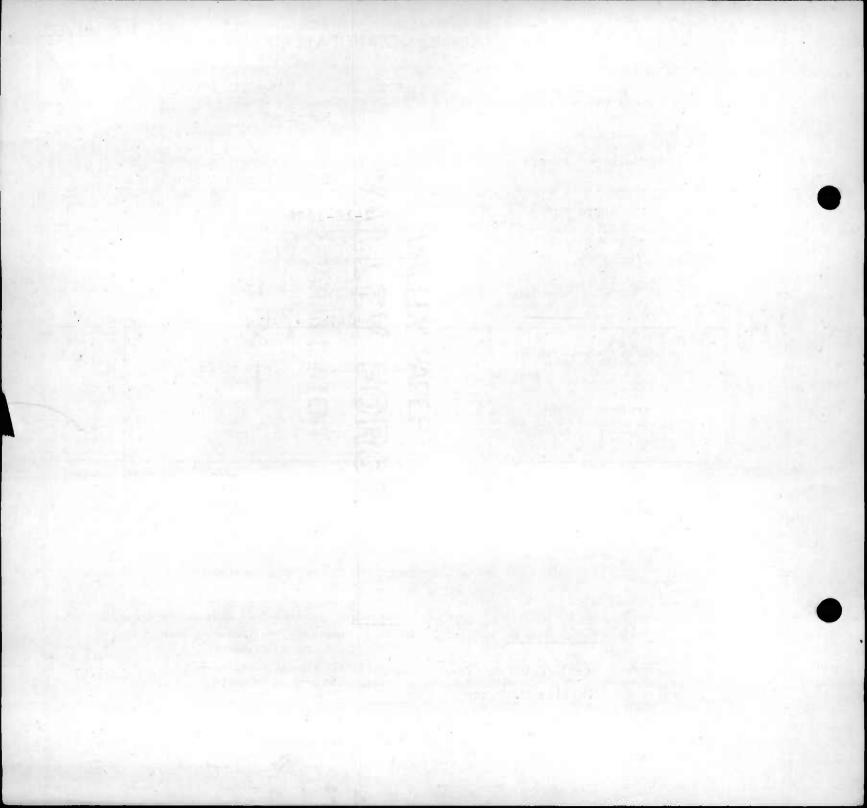
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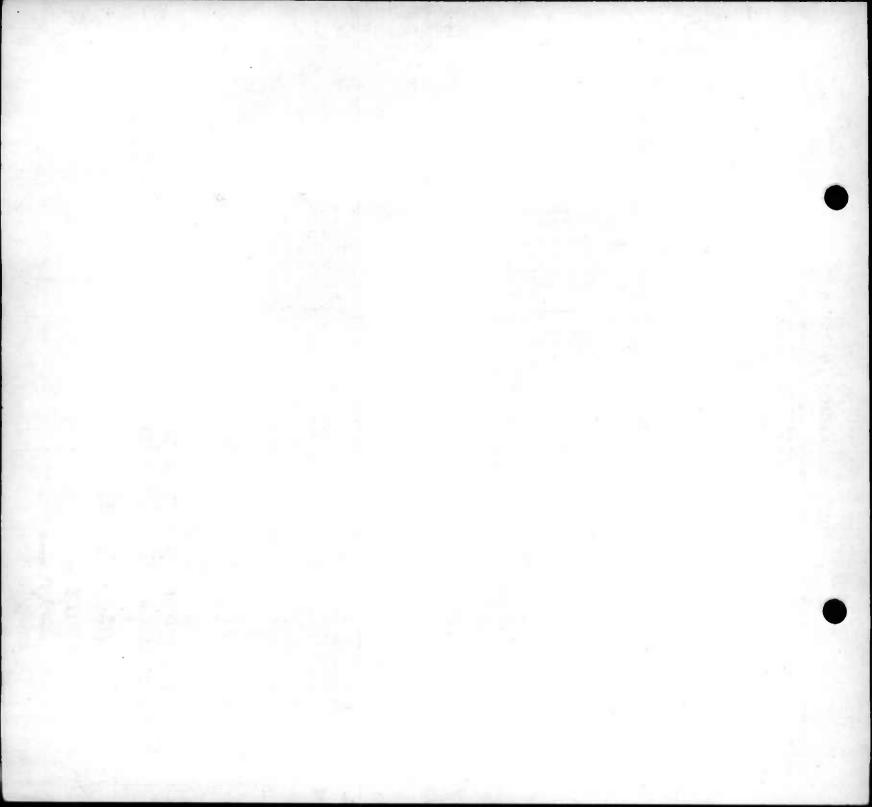
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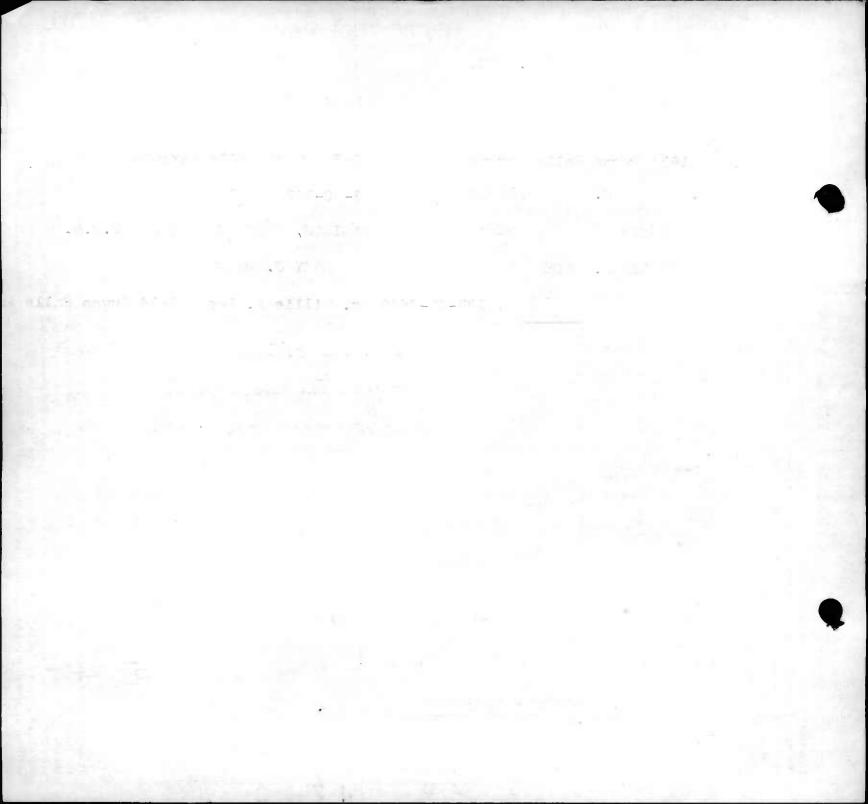
ADDRESS

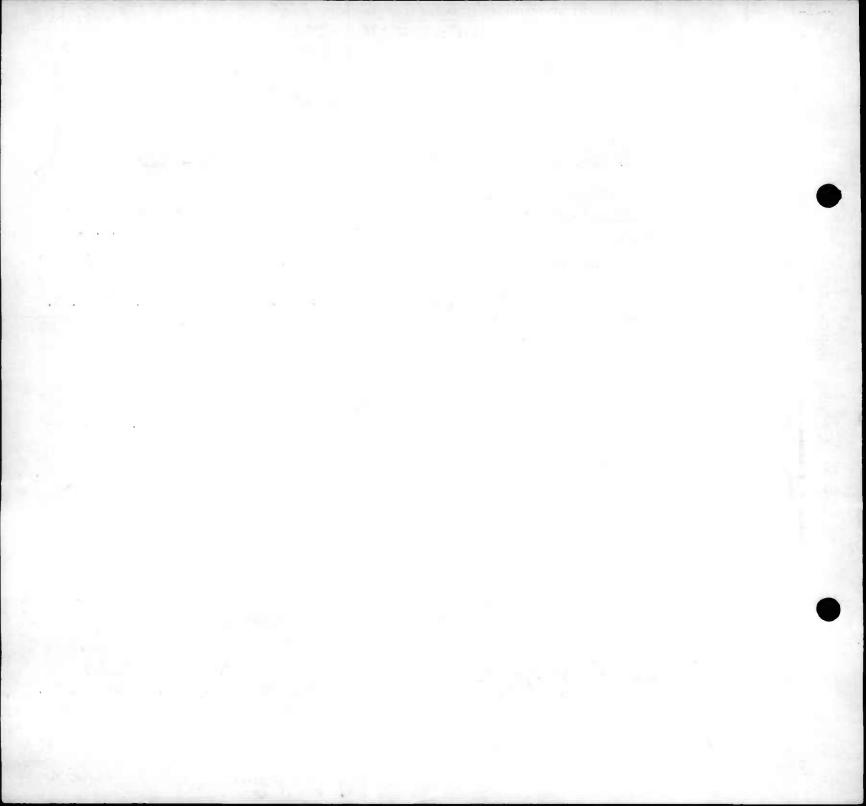
(City, town, or county)



10/501	BALTIMORE CITY HEALTH DEPARTMENT 67 4702
4702 BIRTH NO. 67 4702	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	2. DATE AND HOUR OF DEATH
trype of rinin	VIE HICKS  2. DATE AND HOUR OF DEATH  J/2/67  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (If not in hospital or institution oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE 23
= BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	D. STREET ADDRESS (If rurol, give location)
O TO D O S SEW IA PACE AT IT MARRIES	1810 W. LETINGTON & ST
wide will be w	D, NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In years lost birthdny)  161 E  15 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
O O - O - IOA. USUAL OCCUPATION (Give kind of work 10 B, KIND C	OF BUSINESS OR INDUSTRY 11. SIRTHREACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  JOJE  13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
= 25 A + d S / MILE PARHAM	MAGG10 ?
TO TO TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE T	16. SOCIAL 17. INFORMANT MARY LUCAS ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	216-546-074 DAUGHTER SAME
WES, no or unknown) (If yes, give wor or dotes of service)  IB. A SO O D  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.e.	9. ACUTE BACTERIAL ONDOCARDITIS
(This does not mean the made at dying, e.g.	50
	(B) ACUTE SUPPURATIVE PERICARDITIS  DUE TO  (C) ARTURIOSCLEROTIC & SUPER TENSIVE  HEART DISCASE
DISEASES OR CONDITIONS, if any, givin	ARTORIOSCLEROTIC Y HYPER TENSIUE
UNDERLYING CONDITION last.	HUART DISCASE
	ING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	
	GET IN CERTIFYING CAUSES OF DEATH?
THE THE CONTRACT OF THE CONTRA	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) tome, foctory, street, office bldg., INJURY OCCUR?
Q 21D, TIAAF (Month) (Pay) (Year) (Hour) 2	21F. HOW DID INJURY OCCUR?
0.0.055	While At Not While At Work
22. I certify that (1) (this hospital) attended	7-113
1 that (1) (we) just sow the deceased office of	(i) (We) (did) (did not) view the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
E O S Y O D Ynxlalizo	M.D. Attending Med. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Phys. Stoff Phys. Phys
23C. PHYSICIAN'S NAME (Type)  MILAGROSA R. CAL	120 M.D. MAD.
E A C C C C C C C C C C C C C C C C C C	NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	4+1 Calvary Cem. A.A. Ce. Pt.
Soft Soft State Rec'd By Health Dept.   258, NAM!   25A, DATE REC'D BY HEALTH DEPT.   25B, NAM!   25A, DATE REC'D BY HEALTH DEPT.   25B, NAM!   25B, N	DE TOUR JOSE DUCT 1701 LAURENS ST
VS 150-REV. 1/1/65	6 7 0 0 0 4 7 1 1

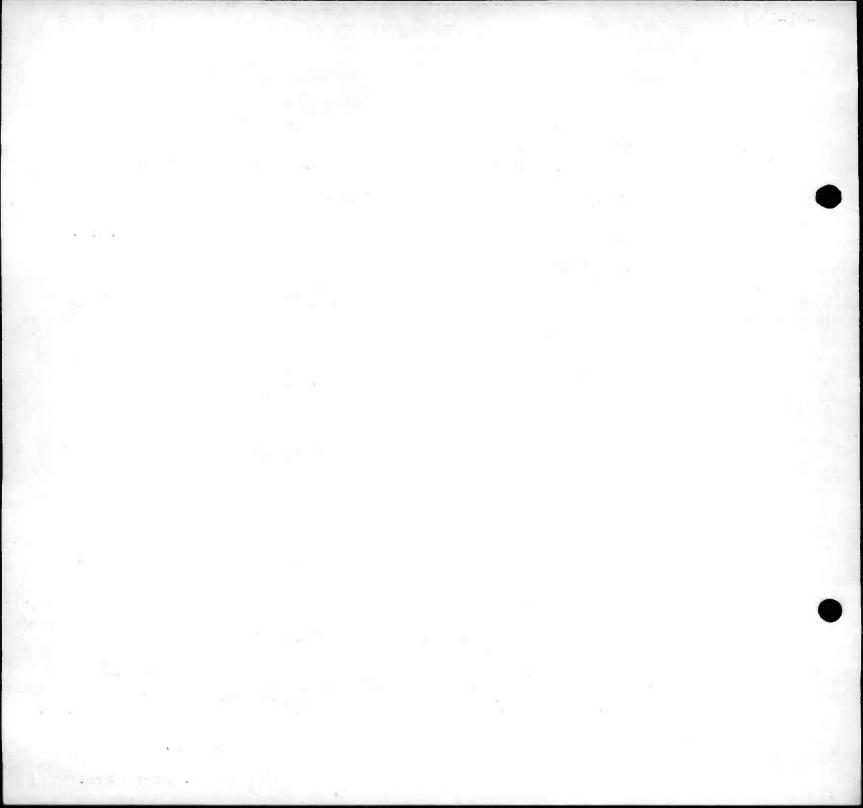






	FIINERAL DIRECTOR: IMPORTANT
This certificate must be approved by the c	chief medical examiner of his assistant it death occurred in a nospital and
the body was released to the hospital by	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) B	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where t	the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No phy	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Section Appropriate the Attention of the Contract Contrac	to the remains are embalmed or final disposition is made.

BIRT	и но. 67 4705		THEALTH DEPARTMENT Registered No.	67 4705
1. N	E. CASE NO.  IAME OF DECEASED  DE OF PHINI)  MCHBRO	1) GRAHAI	2. DATE AND HOUR OF DEATH	7 1030
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY MARYLAND	nstitution: residence before odmission)
F	FULL NAME OF (If not in hospital or institution oddress or location)  BALTIMORE CITY I	RSPITALS	C. CITY OR TOWN (If outside city limits, write:  BALTIMORE  D. STREET ADDRESS (If rurol, give location)	RURAL and give township)
	4940 EASTERN AVI BALTIMORE, MARY	AND 21224	922 N. WOLFE STREET	21205
J. 3	WIDO	ED, NEVER MARRIED WED, DIVORCED (specify) DOWED	B. DATE OF BIRTH 10-7-87  9. AGE (In yeors lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of working life, even if retired) Shoemaker	OF BOSINESS OK INDOSIKE	SOUTH CAROLINE	U.S.A.
	LOUIS GRAHAM		ROSETTA GRAHAM	J. 198
15, (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dotes of service	e) 16. SOCIAL SECURITY NO. 218-10-389	BCH: RECORDS 4940 EAS	TERN AVENUE
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH Sucafles.
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disec injury or camplication which caused death.)  ANTECEDENT CAUSES	.g., DUE TO	7	
5	DISEASES OR CONDITIONS, il ony, giv rise to the above cause (A) stating UNDERLYING CONDITION last.	ng		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or about 21C. WHERE DID (If in Boltimo (fice bldg., INJURY OCCUR?	re City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	While At Not While Work At Work		
	22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive of	T-13	19 67 to 19 67 to 19 67 to 19 67 ond that In(my) (our) op	5-/2 1967 inian deoth accurred an the date
	and hour and fram the couses stated above 23A. SIGNATURE  Hawil /		ending Med. Stoff	238. DATE SIGNED  5-12-67
24/		RSY M.D.	BALTIMORE CITY 4940EASTERN AV	HOSPITALS 21224 ENUE BALTO.MD.
	Burial 5/16/67	rbutus Mem P	ark Balto., Md	
	MAY 15 1967 0 150-REV. 1/1/65	SE STANGE	Wm C-March 928 E.	North Ave.



MARKELL Equipment City Holys No. 1917 Sommerce Act THANK MEGINE MARCENE . 30 0 KLUKELLE D bushing JAMES BALL Lucy PAyere were the second distance of SEPTICE WITH A 1 1/2/2 Franciscon de 1/2/2/2 BACTIMEN CITY HELYNITE

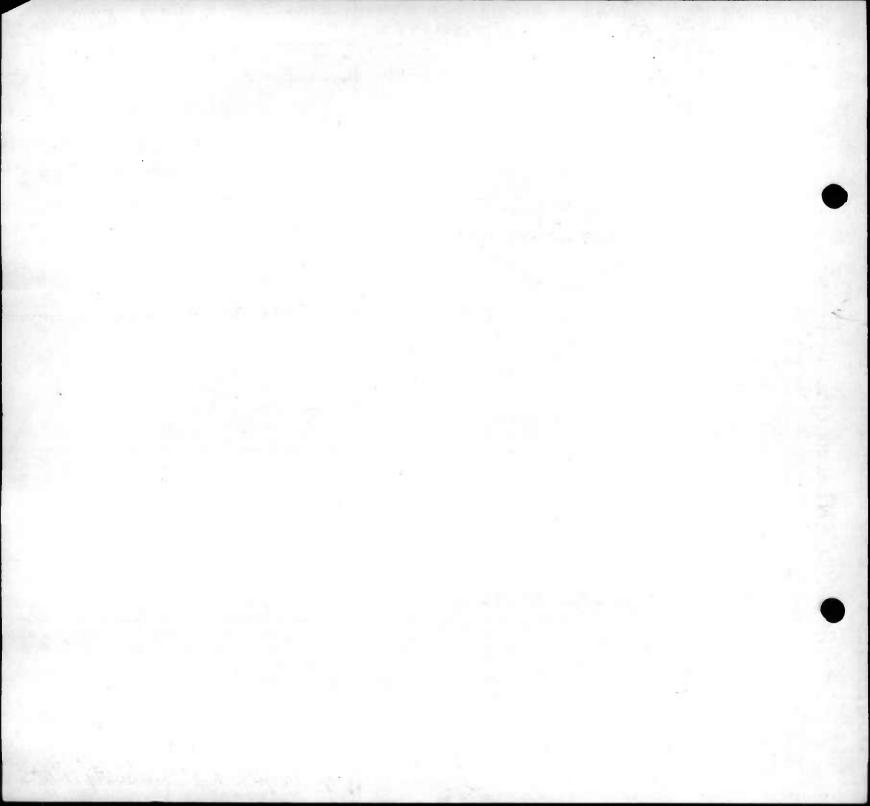
		BALTIMORE CIT	Y HEALTH DEPARTMENT		CM AMOUNT
M.E. CASE NO.	4707	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED				AND HOUR OF DEATH	
Matilda	Sheffer			5-12-67	5;30 8
3. PLACE OF DEATH IN BA	Nursing Cente	22	A. STATE B. CO	here deceased lived. If UNTY	institution: residence before admis
FULL NAME OF (If	not in hospital or institution	on, give street	Maryland		1801
	dress or location)		C. CITY OR TOWN (If	outside city limits, write	RURAL ond give township)
			Baltimore		
an				(If rurol, give location)	
10			2705 Beethov	en Avenue	
S. SEX 6. RACE	7. MARR	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours M
Female White		dowed (specify)	12-31-83	83	Months Doys Hours
IOA, USUAL OCCUPATION	Give kind of work 108. KIND	OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or f		12. CITIZEN OF
done during most of working life,	, even if retired)		Pennsylvani	9	WHAT COUNTRY?
Cashier					0.5.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Frank Traeg			Emma ?	Albright	
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
100	wor or doles of selvic		Chaulas D Mi	al-a- 270F 1	Doothouse Ass
NO	0 .	CAUSE (	Charles P.Ml	ckey ~2705	Beethoven Ave.
7 9 0 1	I DIEGO DISECTION	CAUSE	J. DEATH		ONSET AND DEATH
	ONDITION DIRECTLY S TO DEATH	Atmi	al fibrillation	n	
(This daes not mean	the made of dying, e				several weeks
heart failure, asthenia,	elc. Il means the disea	ose,			
		(R) ALS.	C.V.D.		several vrs.
	ENT CAUSES	DUE TO		000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 0000	· · · · · · · · · · · · · · · · · · ·
	DITIONS, if any, giv couse (A) stating				
UNDERLYING CONDI		(0)			
	11	No. of the last of			
O OTHER SIGNIFICANT C	ONDITIONS CONTRIBU		le to swallow .	- tube fed	several weeks
DISEASE OR CONDITIO	UT NOT RELATED TO	urin	ary incontinent	ce	several mos.
	N 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No! 20B. IF YES, WERI	FINDINGS CONSIDERED
19A. DATE OF OPERATION	1111		nò		
OR CONTRIBUTING	INDERLYING AUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INJURY OCCUR	(If in Bottimo	ore City, give exact location)
DEATH (notify medical e	(xamines)	etc.)			
O 21D, TIME (Month)	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY		While At Not Whi	ite 📉		
		Work At Work		-	
22. I certify that (I) (	this hospital) attende	ed the deceased fram5	-3 <del>-</del> 67	19 to5	12-67 19
that (I) (we) last saw	the deceased alive o	5-11-67	19and	that in (my) (aur) ap	oinian death accurred an the
and hour and fram the	a causes stated above	e. (1) (We) (did) (did nat)	view the bady after deat	h.	
23A. SIGNATUE					23B. DATE SIGNED
596	10. M	M.D. At	tending Med.	Staff	5-12-67
23C. PHYSICIAN'S	con 4	aske Ph	ys. Director X	Phys.	2-12-01
NAME (Type)				Λ.	
	ELISIORTH CO		2 231 Maryla	nd Ave. Balte	21218 Md.
24A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE 240	NAME of CEMETERY or CE	REMATORY 24D	LOCATION	City, town, or county) (St
	5 15 47 -		F	Baltimore, M	laruland
Burial 25A. DATE REC'D BY HEALT	5 = 15 = 67   La TH DEPT.   258. NAA	orraine Cemet	ery 25C. FUNERAL DIRECT	OR INTERPRETATION	ADDRESS
MAY 1	W	E. C. Fallen			600 Liberty Hght
	O TOUT NICE	TO CA MONDER	ETISMOT III V	i illacost 41	out made by right
VS 150-REV. 1/1/65				w.A.	3.

Fig. (a)

## FUNERAL DIRECTOR: IMPORTANT

Registered No. BIRTH NO. CERTIFICATE OF DEATH pital and of death the Such Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 BERT hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY attendance (5) TITYONE cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) canse; INSTITUTION 9 prior (If rurol, give location) D. STREET ADDRESS contributing EKIVDALE (4) Undetermined regular made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months Doys Hours If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdov -0 401 disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or loreign country) 12, CITIZEN OF death WHAT COUNTRY? done during most of working life, even if retired 5 Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 130 N D 13130 0 assistant death 6 kind; 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMAN 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Yes. any INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, med of LEADING TO DEATH fracture (This does not meon the made of dying, e.g., embal heart failure, asthenio, etc. It means the disease, regular examiner. injury at camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the above couse (A) stoting the physician UNDERLYING CONDITION IOSI. remains medical Was medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ERWSCUERONC HEARY TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the (If in Boltimore City, give exact location) where to the hospital °Z DEATH (notify medical examined etc.) nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While White At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last saw the deceased alive an and that in (my) (over) opinion death accurred on the date of death) hospital and haur and fram the causes stated abave. (I) (We) (did) (did.not) view the bady after death. released must An accident 23AC SIGNATURE 23B, DATE SIGNED Stoff M.D. Attending Med. 0 Phys. Director written approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) Was M.D D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) the body REMOVAL (Specify) shows: DEPT. Was D VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



5-	5	30	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such

	BALTIM	ORE CITY	HEALTH DEPARTMENT		67 ADBO
	TH NO. 67 4703 CERT	IFICA	TE OF DEATH	Registered Na	07 4703
1,1	E. CASE NO.		2. DATE AND	HOUR OF DEATH	/ Am
	DOROTHY B. > MI	TH	5/1	2/67	(G) M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceased lived, tl inst TY	itulion: residence before admission)
- 11	FULL NAME OF (II nat in haspitol ar institution, give street HOSPITAL OR address or location)			timore side city limits, write RU	JRAL and give tawnship)
	4/ 2		- N	urol, give location)	#15
	SINAI HOSPITAL		3624 MAN	CHESTER A	ve
5.	Temale CAUC 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Married			ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR during most of working life, even if retired)	INDUSTRY	1). BIRTHPLACE (State or fareig	in country)	12. CITIZEN OF WHAT COUNTRY?
11_	lachine Operator		Maryland		USA
	FATHER'S NAME		4. MOTHER'S MAIDEN NAM	A E	
	George Brown			Whitcombe	
15.	George Brown Was Deceased Ever in U. S. Armed Farces? s,no or unknown) ((If yes, give war or dates af service)  16. SOCIAL SECURITY		7. INFORMANT	** IIICOIIIDE	ADDRESS
II .			Wm.Smith - 36	24 Manches	ster Ave.
-		CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		-		ONSET AND DEATH
	LEADING TO DEATH	My	OCARDIAL	NEARCTIO	v 2 48 lus.
	heart failure, asthenia, etc. It means the disease,	UE TO /		1/7	
	injury or camplication which caused death.)	ANTER	10 SCLEROTTE	HT DISE	
	ANTECEDENT CAUSES  (B)	UE TO			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	5)			
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
CA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
CAL CE	2TA. ACCIDENT WAS UNDERLYING 218 PLACE OF IN. OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) etc.)	JURY (e.g., in , street, off	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
000	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCC	URRED	21F. HOW DID INJU	JRY OCCUR?	
٤	OF INJURY (APPROX.) While At Work	Not While Al Work			
	22. I certify that (1) (this hospital) attended the deceased		5/10	0 (7	12 1967
	( /	)	19 6 7 and the	v in (mu) (min) animi	an death accurred on the date
				ir tir(my) tuois aprin	an death accurred on the gan
	and haur and from the couses stated above. (I) (We) did) (	ala not) vi	ew the body after death.	1	23B. DATE SIGNED
	1 da a 3 a / a /	M.D. Atter		Stoff 7	dister
	23C. PHYSICIAN'S	Phys 2	Director 3D, ADDRESS	rhys.	3/12/6/
	NAME (Type)	M.D.			
24	A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMET		MATORY 24D- LC	CATION (City	, town, or county) (State)
_	REMOVAL (Specify)				
	Burial   5-15-67   Asbury Par A. DATE REC'D BY HEALTH DEPT.     258, NAME_OF_AEGIS RAN	k Met	h. Cemetery Re	isterstown,	Maryland
11.	MAY 15 1967 P. L. W. P.	Sey MA		nacost -460	0 Liberty Hghts.
VS	150-REV. 1/1/65	27	7 7 0		
	**		3 30		

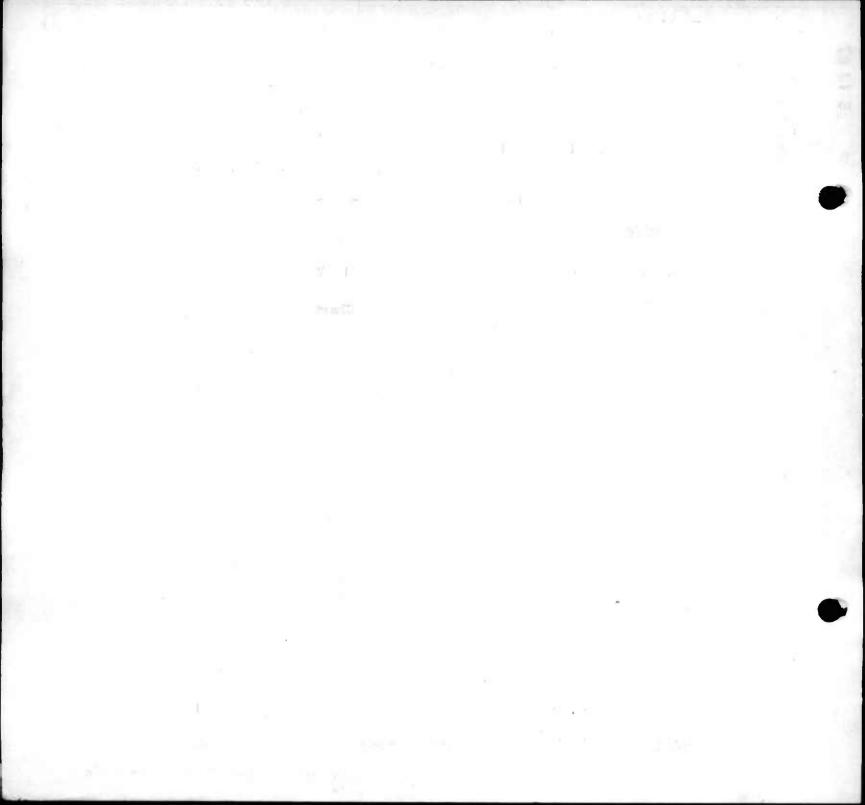
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c i.L

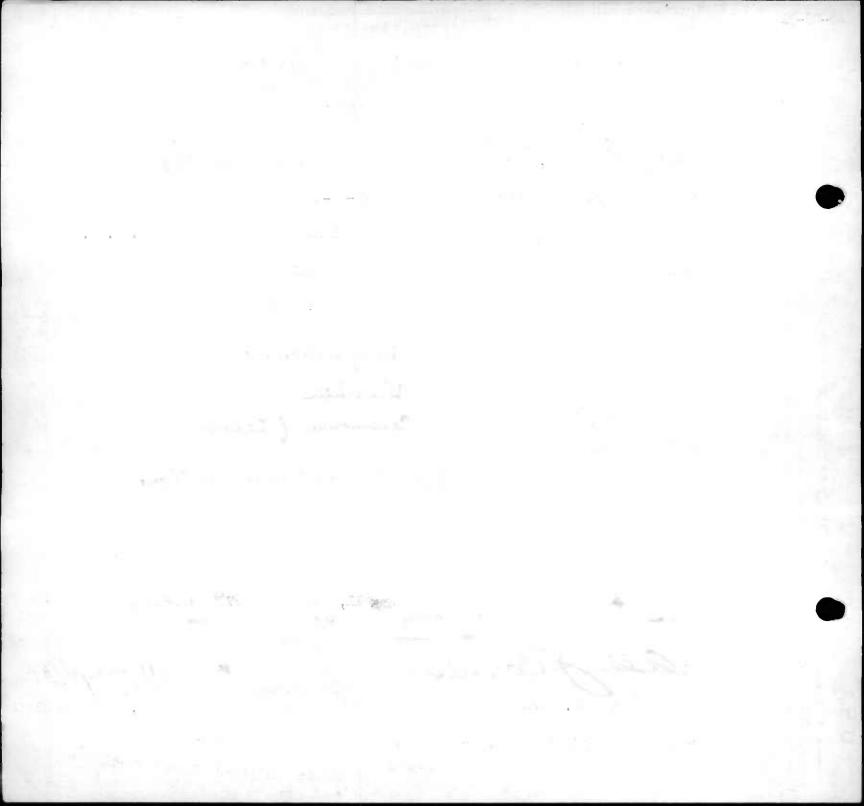
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1-2600m AMAG	BALTIMORE CITY	HEALTH DEPARTMENT		CM 4740
n No.	CERTIFICA	TE OF DEATH	Registered No	0/ 4/10
AME OF DECEASED	ELLA	5/1	3/67	1/2 30 Am
FULL NAME OF (If not in hospitol or instit HOSPITAL OR oddress or focotion) NSTITUTION	ution, give street	MARYLAND C. CITY OR TOWN (If outs  BALTIMORE	γ / ide city limits, write RL	
THE COINS HOLKING HOS	1 1 716	1717 BARCLAY	STREET	
EMALE NEGRO WI	DOWED, DIVORCED (specify)	586	ost birthdoy) 81	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	N.E.	
JIMMY JACKSON		DICEY		
Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	rvice) 1 6. SOCIAL SECURITY NO.			ADDRESS
heart failure, asthenia, etc. It means the di- injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating UNDERLYING CONDITION last.	DUE TO DU	V		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21°C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location!
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	White At Not Whi	te	JRY OCCUR?	7,3 %
that (1) (we) lost sow the deceased aliv	e an 5/15	19 6 / and the	(0)	ion death occurred on the dat
23A. SIGNATURE  23C. PHYSICIAN'S	M.D. Att	ending Med.	Stoff Phys.	23B. DATE SIGNED
NAME (Type)				/ /
SHERRARD L. HAYES	M.D. 24C. NAME of CEMETERY or CR	JOHNS HOPKIN		y, town, or county) (State)
Burial CREMATION, 248. DATE  Burial 5/17/67	24C, NAME of CEMETERY OF CR		CATION (Cit	y, town, or county) (Stotel
	THE JOHNS HOPKINS HOS  SEX 6. RACE 7. MA  WIE W W W W W W W W W W W W W W W W W W	ECASE NO.  IAME OF DECEASED  PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF Oddress or locotion)  THE JOHNS HOPKINS HOSPITAL  SEX OF RACE  EMALE  NEGRO  JUDOWED, DIVORCED (specify)  WIDOW  LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY edging most of working life, even if refired)  TOUSEWIFE  FATHER'S NAME  JIMMY JACKSON  Was Deceased Ever in U. S. Armed Forces?  Sino of unknown) (Iff yes, give wor or dotes of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION CAUSING IT.  109A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour)  21D. TIME (Month) (Doy) (Year) (Hour)	CASE NO.  IAMÉ OF DICEASED  OF PARID  PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF  FULL NAME OF  FULL NAME OF  GOSPITAL  THE JOHNS HOPKINS HOSPITAL  SEX  OF RACE  IN EGRO  UDOWED, DIVORCED ispectify  WIDOW  DISTANCE OF BRITH  IN SHAPLACE (Stote or foreign  of dyning, most of working life, even if retired)  TOUSEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not make now the mode of dying, e.g., hoort unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not make now the mode of dying, e.g., hoort unknown) (If yes, give wor or doles of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not make now to it means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) stating the UNDERLYING CONDITION St.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  PARACET OF PERATION   198. CONDITION FOR WHICH OPERATION   20A. AUTOPST? (Yes or Not work of the peration of the p	CERTIFICATE OF DEATH  AND OF DECEMBED  Be or Pend   CONTROL OF DEATH  A USUAL RESIDENCE (Where december of the control of the part of the control of the con

FUNERAL DIRECTOR: IMPORTANT



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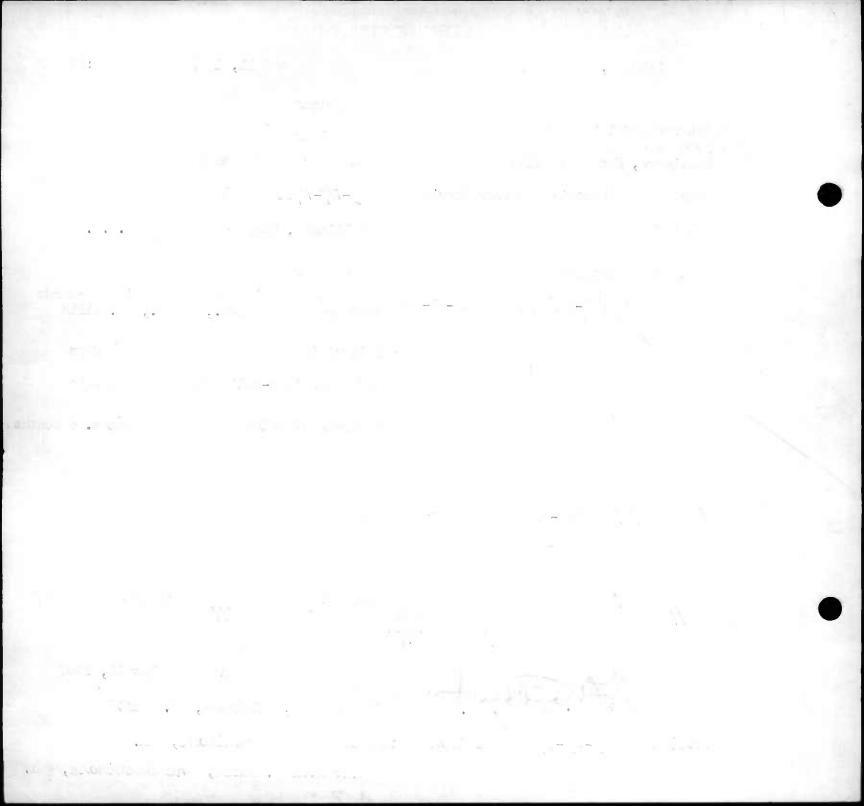
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAY 11, 1967 YEAGLEY, EARL MARTIN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give waship Veterans Administration Hospital Baltimore 3900 Loch Raven Boulevard D. STREET ADDRESS (If rurol, give tocotion) Baltimore, Maryland 21218 1814 Henneman Avenue 6. RACE 8, DATE OF BIRTH 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. Hours Min. Hours Never Married Months! Doys lost bighdoy) Caucasian Male OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Painter Unknown Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisy Frey John Martin Yeagley NFORMANT Veterans Administration Hospital Records 5. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 1/4/43-10/24/45 216-01-1749 Yes 3900 Loch Raven Blvd., Balto., Md. 21218 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Peritonitis 4 days (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly at camplication which coused death.) Perforated ileo-colic fistula 4 days ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving approx. 6 months Carcinoma of colon to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 5/9/67 Tleo-Ileo-colic fistula perforated 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner MEDI (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While I (APPROX.) At Work 7th 22. I certify that (1) (this hospital) ottended the deceased fram May 67 May 11th that 🖊 (we) lost saw the deceased olive on... and that in my (aur) apinian death accurred an the date and hour ond fram the causes stated above. (1) (We) (did) (Aid) (Aid) view the body after death. 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Med. May 12, 1967 Director 23 C. PHYSICIAN'S 23 D. ADDRESS NAME ( M.D. VA HOSPITAL. Baltimore, Md. 24A. BURIAL CREMATION, 24B. DATE DEMETERY OF CREMATORY REMOVAL (Specify) Baltimore emeteru 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS



	•	FUNERAL DIRECTOR: IMPORTANT	L DIRECT	OR: I	MPOR.	TANT						5-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	approved by 1 to the hospita f any nature;	he chief me I by a med (2) Body bu	dical examical exami	iner or ner. A	his assiso, if the	istant i he dire tind; (4	f death ct or c	occurr	uting co	a hospi ause o e; (5) D	f death	35
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Cdeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	(except when); and (6) No	physician	sician who	prono ular at	tendance	death ce on t	was in he dec	regula eased	prior t	ndance to deat	on the h. Such	01

67 4713	BALTIMORE CITY	HEALTH DEPARTMENT		67 4713
BIRTH NO. M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered Na.	0/ 4/10
(Type or Print) SARAH - GULd	1A. STE	en	5 /14/67	3 15 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,	A. STATE B. COUN		tution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OF oddress or local or institution, give hospital or institutio	1'11	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)
Whion Memore	a Hosp.	BAITI	more	27.46
733 NO N Calred	P.	1020	Camer	
Paucasian Wille	DIJORUED (specify)	DATE OF BIRTH 96	9. AGE (In years lost birthdow)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF I done during most of working life, even if retired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTY 12
13. FATHERS NAME	1	4. MOTHER'S MAIDEN NAM	AE O	0.0_
Coburn		Maude		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	7. INFORMANT MKS.	Hosel	ADDRESS AMES Q2
18.	CAUSE OF	DEATH	11300	INTERVAL PETWEEN >
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pu	MONARY E	DEMA	
(This does not meen the made of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE TO	A-1		
injury ar camplication which coused death.)	MYO	CARDIAL I	VEARCTION	110
DISEASES OR CONDITIONS, if ony, giving	DUE TO		1000	164
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C) CARL	LEROSIS, SE	- AKYEKU	Halleur Jenn
11	30,	LERONS, Se	VEVE	1 6
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				/
198. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. P OR CONTRIBUTING   CAUSE OF   home, etc.)	LACE OF INJURY (e.g., in form, loctory, street, offi	or obout 270. WHERE DID ce bldg., ILLURY OCCUR?	(If in Boltimore C	city, give exact locofion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, I	NJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
(APPROX.) While	At Work			-/-/
22. I certify that (I) (this haspital) ottended the		5/14/671	9 10 5	114/67
that (I) (we) ast sow the deceased alive on		ond the	at in (my) (our) oplnie	on death occurred on the date
ond hour and from the couses stated above. (1)	(did not) vi	ew the bady offer deoth.	2	3B. DATE SIGNED
Kobert P. Do	ello M.D. Atten Phys.	ding Med. Director	Stoff Phys.	5/14/12
PAR BOBERT POOYDE	be le MJ.H	E UN LON MERMO	BJAL ASEL	TAL John
REMOVAL (Specify)				town, or county) (Stote)
Burial 5/17/67 Mo	reland Memori		Baltimore, N	
MAY 15 1967 258 NAME OF	E Farley MA	25C. FUNERAL DIRECTOR	Desails Turn D	ADDRESS
VS 150-REV. 1/1/65	70	Heonard J.	luck Inc. Ba	Lto., Md.

SHIRT GILD STEER STEER Mid BAIT. Unem Menous Hug BAITI MORE BBIRBON Colony. 1000 Cameron Pol Cancarain Windston Mrs. Hosel 

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## 67 4714 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4714

M.E. CASE NO.	
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EUGENE B SMITH	5-9-67 5:00 AM <sub>M</sub> .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give towrship)
	Baltimore
1208 NOLAN COURT - Apt. #2 - Amb. Crew #9	D. STREET ADDRESS (If rurol, give locotion)
	1208 Nolan Court - Apt. #2
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Colored  to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	MHAT COUNTRY
13, FATHER'S NAME FLOTOGE MANY	14 MOTHER'S MAIDEN NAME
Harry Smith	martha Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ( TO 2322)
210-71-747	to January & markly Contra and
	E OF DEATH INTERVAL BETWEEN
774/	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tobox	
(A) Lobar  (This does not meon the mode of dying e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which coused death.)	c pneumonia
The state of the s	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FALTE DISEASE OR CONDITION CAUSING IT.  194. Date of operation 198. Condition for which operation	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fatt	ty alteration of liver
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Partial  20A. AUTOPSY? (Yes of No.)  Partial  IN CERTIFYING CAUSES OF DEATH?  YES
Z 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
UTING CAUSE OF DEATH.	omee biog., INJURI OCCOR!
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	21F. HOW DID INJURY OCCUR?
OF INJURY	
m. WORK AT V	WHILE O
	artial stapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicio	
ACTUAL 11000 1 1 5 -1 2	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WILLIAMS IN COMMENT	ASSISTANT MEDICAL EXAMINER 🛆
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 5-9-67
NAME (Type) WERNER U. SPITZ. D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stotel
REMOVAL (Specify)	see a lem Re bo Botto my
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	124C FUNERAL DIRECTOR AND APPEARS (A) APPEARS (A) APPEARS
MAY 15 1967 R. Cab E. FarleyMa	attend to alsone 199, west
APPENDE YOUR	Sattimore St
VS 151-86V 1/1/65	

Horney Geneth Martha & Love 19 Beering states and Calence and significen haller

	FUNE	RAL	FUNERAL DIRECTOR: IMPORTANT	IMPO	TAN	ь.				P
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	ved by the chie hospital by a nature; (2) Bod apt where the (6) No physic ined before the	f medic medic y burn physician we	cal examiner. s; (3) A fractution who profile who profile who profile who profile who as in regular and are embo	Also, if ree of any nounced attenda	sistant the di kind; death nce on	if deat rect or (4) Unde was ir the de spositio	contribution to the contribution of the contri	d in a ho ing cause cause; (5 attendan	spital of de s) Deceau	Sept of the sept o

		67 4715		BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 4745
	M.E. CASE NO.						
1.	Pe or Print)	Antho	nu	Pag/ia	2. DATE A	NO HOUR OF DEATH	1 6 P M.
3.		TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Wh.	Baltimore	nstitution: residence before odmission)
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		give street			RURAL ond give township)
	37	Mercy Hesp	ital		_	f rurol, give locotion) 27 Bon Air R	
S.	Male Male	6. RACE White		NEVER MARRIED  D. DIVORCED (specify)	B. DATE OF BIRTH March 28,1890.	9. AGE (In years lost birthdoy) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ne during most of v	JPATION (Give kind of work working life, even if retired) Stone Mason	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Italy		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAA	Patsy Pag	lia		14. MOTHERS MAIDEN NAME Marie Saluucci		
15 (Y	. Wos Deceosed es, no or unknown Unk	Ever in U. S. Armed For (II yes, give war or date	ces? s of service)	SECURITY NO. 217-03-1882	Mr. Romeo Paglia.8112 Dalesford Rd. #34		
	18. 4				F DEATH INTERVAL BETWEE		
MOLE	heal failure, asthenia, etc. II means the disease, injury of complication which coused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if any, giving tise to the obave couse (A) stating the UNDERLYING CONDITION last.  CHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
PTIEIC	19A. DATE OF	THE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
20 100	21 A. ACCIDEN OR CONTRIBL DEATH (notily	NT WAS UNDERLYING TING CAUSE OF	21 B. hom etc.	e, larm, loctory, street, ol	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(It in Boltimor	e City, give exact location)
AAEDIO	21D, TIME (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?						
22. I certify that (I) (this haspital) attended the deceased from 1967 to 1967 to 1967 that (I) (we) last saw the deceased alive an 1967 and that in (my) (aut) opinion death accurred and							
	23A/SIGNATU 23C. PHYSICIA NAME (F	NS pe Dr. Philip	B. Dvo	M.D. Atte Phy skin M.D.	Staff: Mercy	Stalt Phys,	23B. DATE SIGNED Spital
	Entembre:	nt 5/18/		ame of CEMETERY of CRE reland Memoria	al Cemetery	Baltimore,	ity, town, or county) (State)  Md.
25	A. DATE REC'D	MAY 15 1967		E Tarley MA	Leonard J. R		ADDRESS lto. Md. 21214
V:	150-REV. 1/1/		1 9	6 7 0 0	0 4 7 2		

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approval

24A, BURIAL CREMATION, 248, DATE

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

VS 150-REV. 1/1/65

BIRTH NO.

M.E. CASE NO. I NAME OF DECEASED

(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 12 May A, USUAL RESIDENCE (Where deceded lived. If institution: residence before A, STATE B, COUNTY

3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR INSTITUTION Maryland oddress or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 6327 Boston Street 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE R. DATE OF RIRTH If Under 1 Yr. Months: Dovs If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov) Hours Male White 1-14-1896 Married 71 IDA USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Retired Coal Miner North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richardson Polly Bowenck Eller J. William 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Yes WW 1 214-18-7028 RECORDS:BCH 4940 Eastern Avenue 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION Jost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. S (Yes or No) BOB. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that 🕸 (this hospital) attended the deceased from..... 29 that (1) ( lost sow the deceased alive on 12 19 ( ond that in (my) (\*\*\*\*) opinion death occurred on the dote ond hour ond from the causes stated obove. (1) (156) (did) (did not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS Baltimore City Hospitals NAME (Type) 4940 Eastern Avenue Baltimore, Maryland 21224 Alan J. Barnes

24C, NAME of CEMETERY OF CREMATORY

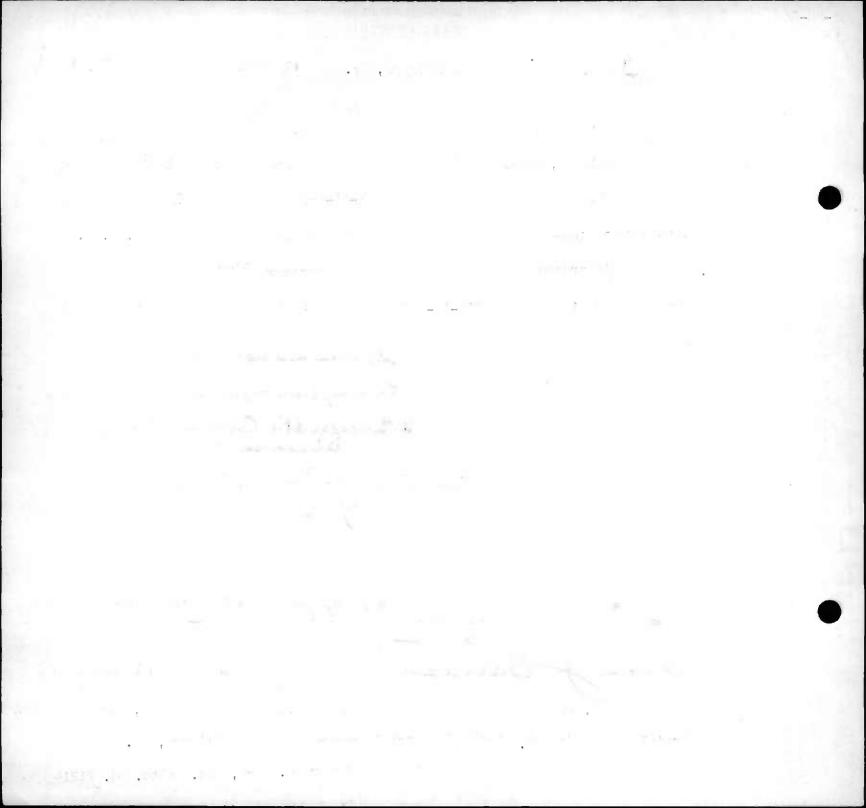
Moreland Memorial Cemetery

25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214

Baltimore, Md.

ADDRESS

24D. LOCATION



PELTIMORE

At the same of the

UNION MEMORIAL HUSPITAL 1829 E BELYEDERE AVE

MALE WHITE WIDOWED 4/11/88 78

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FRANZ STEVER MARIE BECKER

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*	67 4718	BALTIMORE CITY	HEALTH DEPARTMENT		67 4718
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na	07 4718
1,	E. CASE NO. NAME OF DECEASED  The or Print!  The or Print!			HOUR OF DEATH	: 55
	LOUIS ROHLER	, Sr.	5/	13/67	M. stitution: residence before admission)
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY	
	FULL NAME OF (If not in hospital at institution, give HOSPITAL OR address or location) INSTITUTION	e street	C. CITY OR TOWN (If outs		URAL and give township)
	11 SINAI HOSPITAL	OF	D. STREET ADDRESS (IF	ORE ural, give location)	18-41
	40 BALTIMORE		3716 M		Ane. #7
	SEX 6. RACE 7. MARRIED, N. WIDOWED, N. Mar	DIVORCED (specify)	July 5, 1893.	ost birthdoy)  73	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
96	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU eneral osterekeeper od)  aulyood man (utuef) B&OR		Penna.	gn countr∲)	12. CITIZEN OF WHAT COUNTRY? USA
114-	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	William Kohler		1	Eliza	beth Gress
1 S.	Was Deceased Ever in U. S. Armed Forces?   1 (s. s. no or unknown)   (If yes, give wer or dates of service)   No	S. SOCIAL SECURITY NO.	Mrs. Elizabeth I	K. Kohler	(Same)
	18. 4 20./1	CAUSE O	F DEATH	0 -1 7	INTERVAL BETWEEN
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	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	20	0	* 1	
	ANTECEDENT CAUSES	(B)	yourdest his	uff ceney	
	DISEASES OR CONDITIONS, if any, giving	F /	youardial Ins Prenns Myoca	11 9	, )
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) V	7.7000	my mya	unins !
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
		ICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES WERE F	INDINGS CONSIDERED
FPTIFIC	WAS PERFORMED	TO THE TOTAL PROPERTY OF THE TOTAL PROPERTY	Yes	IN CERTIFYING CAL	ISES OF DEATH?
14	273.A. ACCIDENT WAS UNDERLYING   21B. PL OR CONTRIBUTING   CAUSE OF Home, DEATH (notify medical examine)	ACE OF INJURY (e.g., in form, foctory, street, of	n or about 21C, WHERE DID fice bldg, INJURY OCCUR?	(II in Boltimoro	City, give exact location)
) la	21D. TIME (Month) (Dov) (Year) (Hour) 21E IN	IJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
A A	OF INJURY (APPROX.) While Work	At Not While At Work			
	22. I certify that (I) (this haspital) attended the			967 10 5	- 13 1967.
H	that (I) (we) last saw the deceased alive an	5-13	0		nian death accurred an the date
	and haur and from the causes stated above. (1) (			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE				23B, DATE SIGNED
	EB Jamson - Cower	M.D. Atte	ending Med. Director	Stoff Phys.	5/13/1-
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		110101
		VERA M.D.	SINAI H	LOSPITAL	BALTO. Md.
24	REMOVAL (Specily)	VERA M.D.		CATION (Cit	y, town, or county) (State)
	Burial 5/17/67. Woo	dlawn Cemete	ry	Baltimore,	Md.
25	A. DATE REC MAYEATH DESTA	REGISTRAR.	Leonard J. Ruc		to. Md. 21214
VS	150-REV. 1/1/6S	- / W	94727		

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VS 150-REV, 1/1/65

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CD 4000	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 4720
BIRTH NO.  M.E. CASE NO.  HEZEL	CERTIFICA	ATE OF DEATH Registered N	0. 4/20
I, NAME OF DECEASED 87		2. DATE AND HOUR OF DEAT	TH-7
METERIA	n trans	14. USUAL RESIDENCE (Where deceased lived, I	1 5 Pin
3. PLACE OF DEATH IN BALTIMORE, A	MARTLAND	A. STATE B. COUNTY	r institution; residence desert darmssign/
FULL NAME OF (If not in hospit	ol or institution, give street tion)	C. CITY OR TOWN (If outside city limits	to RURAL and give (tawnship)
INSTITUTION		BALTIMORE	7-03
THE JOHNS H	OPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
ASY / DAGE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
6. RACE	WIDOWED, DIVORCED (specify)	2-15-14 lost birthday 53	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of woone during most of working life, even it retire		11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
haborer	CONSTRUCTION	James-town, S.C.	ZI.S.A.
ROBERT EVAN	S	VIRGINIA SMALLS	
. Was Deceased Ever in U. S. Armed		17. INFORMANT	ADDRESS
es, no or unknawn) (If yes, give wor or o	lates of service) SECURITY NO.	7/ / 0///	A1
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(This does not mean the mode heart failure, asthenia, etc. It mea	of dying, e.g., DUE TO		
injury or complication which cous		alianant tuporte	non Chu
ANTECEDENT CAUS	SES (B)	accept (2010) 19/2010	
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. 11		(F)	
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WAS	PERFORMED	No	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, form, foctory, street,	office bldg., INJURY OCCUR?	more City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Ye	or) Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Wark At War		1
22. I certify that (this hospi	ital) attended the deceased from	5/5 1967 to	5/10 1967
that (we) last sow the dece	-///		apinion deoth occurred on the do
1.01	stoted obove. (We) (did) (Middle)	,	
23A. SIGNATURE	The state of the s		23 B. DATE SIGNED
MINDOWER	M.D. A	Attending Med. Staff Phys. Director Phys.	5710/1967
Z3C. VHYSICIAN'S	7	23D. ADDRESS	311011101
NAME (Type)	ALNG M.C		HOSPETAL
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		(City, town, or county) (State)
REMOVAL (Specify)	200		
1347121 5-14-	67 Mt. Calvary Co	enciery PANE Arund	tel Co, Mai
MAY 15196	1 Or Do. B. E. Star Dr. M.S.	P- 10008 00'1.	inie oli

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M.E. CASE NO.	67 472:		CERTIFICAT		DATE AND HOUR	OF DEATH	
(Type or Print)	ORKIS,	HARRY		JR.	5-14-	- /	6:50
FULL NAME OF		or institution, give s	tieet	A. STATE MAR	B. COUNTY 4 LAND		tution: residence before
HOSPITAL OR	ONAI HOSP	ITAL OF L	1401111000	C. CITY OR TOWN	(If outside city	limits, write RUI	RAL and give township
1/2 E	BELVEDERE	AT GREENS	PRINES	D. STREET ADDRES		location)	
Ta				$\omega_{i}$	LTONWOO	OO ROA	4-0
MO	RACE	MAR	RIED (specify)	6- 30 -	10 9. AGE (I lost birthd	<b>%</b>	If Under 1 Yr. If Un Months Doys Houis
done during most of we	PATION (Give kind of wo orking life, even if retired) MYLO4ED	NORRIS PRODU		1. BIRTHPLACE (Sto	ite or foleign country  •	')	12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAM	E			4. MOTHERS MA	DEN NAME		
HARRY	L. NO	RRIS S	R-	ELIZAB	ETH S.	THOR	NTON
	ver in U. S. Armed Fo (If yes, give wor or do	rces?  16. 9	OCIAL ECURITY NO.	7. INFORMANT			ADDRESS
Yes	NW	II 578	-01-3710	MAS.	SUZAN	NE NO	
18. 4	de constraint of	INCOTE V	CAUSE OF	DEATH			ONSET AND
	OR CONDITION D EADING TO DEATH		(A) AC	UTG MG	10 CARDIAL	IN FAR	repur
	I meon the mode o		DUE TO				
injuly of comp	ilconon which coose						
A	NTECEDENT CAUSE	S	(B)				
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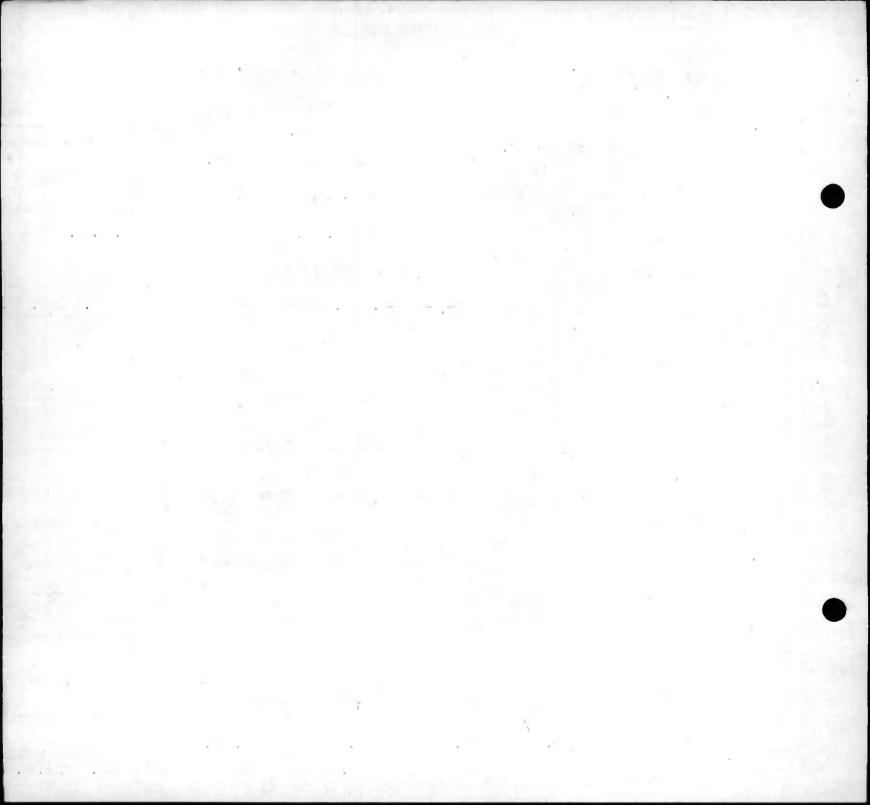
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IMPORTANT r or his assistant i Also, if the dire pre of any kind; (4 prounced death attendance on t ilmed or final disp	15. We (Yes, n
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION  THE  THE  THE  THE  THE  THE  THE  TH
This certific the body w shows: (1) A was D.O.A. deceased pi	24A. I Bu 25A. I

	67 4723		BALTIMORE CITY	HEALTH DEPARTMENT		ON AMOO
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ITuna or Pri	OF DECEASED				IND HOUR OF DEATH	4. 1
//	Agnes P. Me	bus			11, 1967	1100 H, M.
3. PLACE	OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WE A. STATE B. COU		institution: residence before admission)
ELLI NI	AME OF (If not in hospital	as institution	nuo shoot	Maryland		
HOSPITA	AL OR oddress or locotion		give sneer	C. CITY OR TOWN (If	utside city limits wite	RORAL and give township)
INSTITUT	TION			Balto.		800
	1120 7	77. 7			f rurol, give location)	8-0-
101	4419 Pen Lu	cy Rd.				
(1)				4419 Pen :		2
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 His. Months: Doys Hours Min.
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	most of working life, even if retired)	1000 11110	DOSTITESS OR INDUSTRI	The state of the	leigh country,	WHAT COUNTRY?
House	Wife			Balto. Md.		U. S. A.
3. FATHER				14. MOTHER'S MAIDEN N	AME	
Jo	hn Long			Anna Ricketts		
5. Was De	coased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	nknown) (III yes, give wor or date	es of service)	SECURITY NO.		a	D T D D D D D
No			212-07-3951-1	. Mrs. Lorraine	Grimm 4419.	Pen Lucy Rd. Balto. M
18.	12211		CAUSE O	F DEATH		INTERVAL BETWEEN
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OR CO	CCIDENT WAS UNDERLYING TO CAUSE OF	21B	PLACE OF INJURY (e.g., in	ffice bldg., INJURY OCCUR?	(If in Boltimo	ne City, give exoct location)
₹ DEATH	(notify medical examiner)	etc.				
O 21 D. 17	ME (Month) (Doy) (Year)	(Hour) 21F	INJURY OCCURRED	21F. HOW DID IN	IIIIBY OCCUP?	
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			4			5-11-196
that (	l) <del>(we)</del> last saw the decease	ed alive an	3-10-	196_/and 1	that in (my) (our) op	oinlan death occurred an the dote
and he	aur and fram the causes sta	ted-abave. (I	) (We) (did) (did-not)	lew the body after death		
	GNATURE			, , , , , , , , , , , , , , , , , , , ,	•	23B, DATE SIGNED
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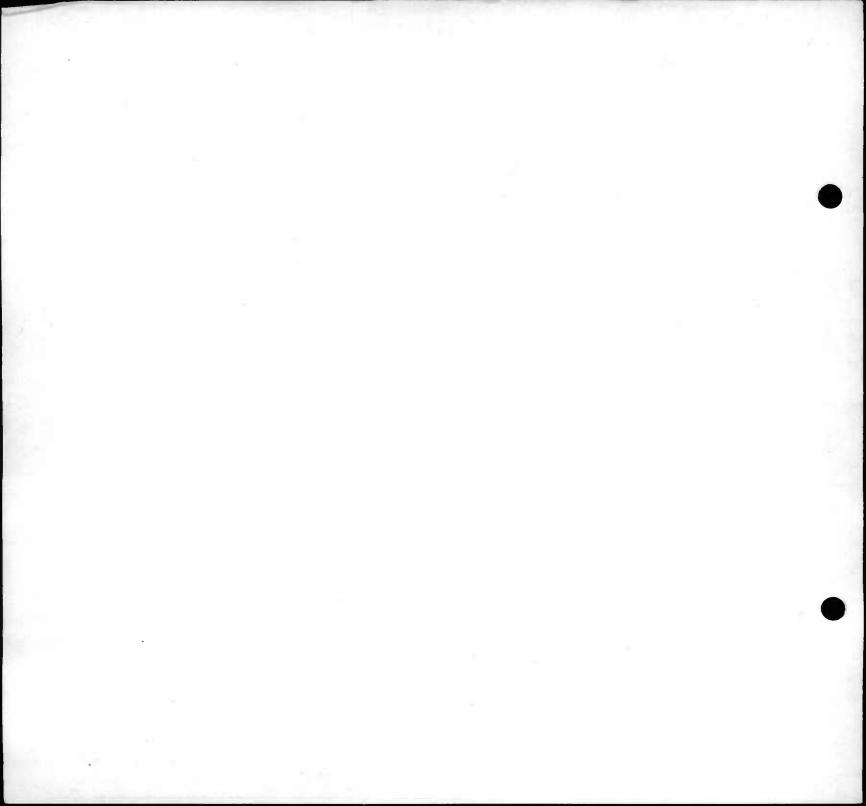
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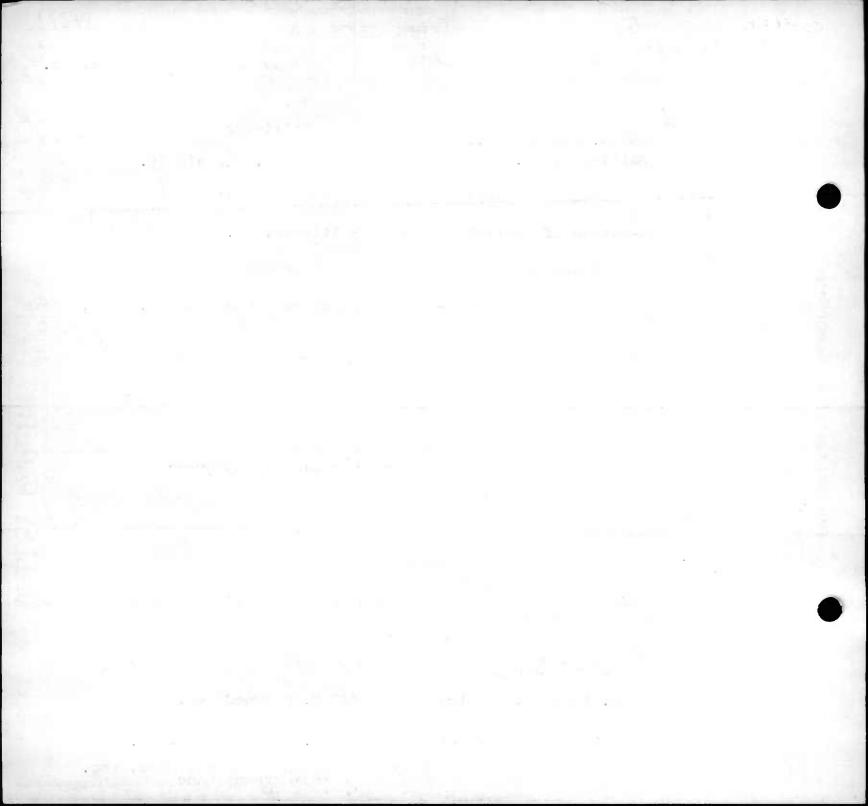
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED or Pulaski) 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased fived If institution; residence before admission A. STATE COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) tside city limits, write RURAL and give township) 3545 Juneway prior D. STREET ADDRESS rurol, give location Baltimore, Md. 21213 made 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH AGE (In years If Under 24 Hrs. If Under 1 Yr. Min. WIDOWED, DIVORCED (specify) lost butheloy Months! Doys Hours (h) 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY done/during most of working lite, even if retired) MSC () 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. E. Miller, sght. 798 Wise Ave Eleanor 218-07-7469A CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, ostheria, etc. It means the disease, injury at camplication which caused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an.... and that in (my) (our) apinion death occurred on the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 248. DATE 248. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Baltimore, Md. Holv Redeemer Cemetery 5/17/67 Burial Schimunek Fineral Home, Inc. ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Brehms Lane 73331 VS 150-REV. 1/1/65

7		67 4726	BALTIMORE CITY	HEALTH DEPARTMENT		67 4726
9		H NO.	CERTIFICA	TE OF DEATH	Registered No	31 4120
	1, N	. CASE NO. AME OF DECEASED		2, DATE AN	D HOUR OF DEATH	9 500
	(Тур	· Rittle MRS. BARD	heen	5-	14-67	1 3 3 mm/s
	3. P	LACE OF DEATH IN BALTIMORE MARYLAND	HKH.	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before admission)
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	H	ULL NAME OF (If not in hospital or institution, godfress or location)	ive street	C. CITY OR TOWN (If out	ride city limits, write PI	IRAL and give township)
3	1 10	ASTITUTION		2 11		76-03
0	1-	BON JECOURS HOS	pita/		rurol, give location)	
6	~			32315	HANNON	Drive
p	5. <b>S</b>	EX. 6. RACE 7. MARRIED,	NEVER MARRIED	<u> </u>	Q AGE (In woods	If Hadas 1 Vs. If Hadas 24 Has
mad			, DIVORCED (specify)	6-24-81	lost birthdoy)	Months Doys Hours Min.
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00	13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
IS	7	Ohn MARTIN		Louise Mar	tin	
	15, V	Nos Deceosed Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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		1B. 5 7 0 . 1 I	CAUSE OF	DEATH		INTERVAL BETWEEN
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ğ E		injury or complication which caused death.)				
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the	IFIC.	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FILL	NDINGS CONSIDERED
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			INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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bta				IAV Q	old . MAY	1/4 10/7
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pe		that (i) (we) last saw the deceased alive an		/	ot in(my) (our) apini	an death accurred an the date
st		and haur and from the causes stated above. (I	) (We) (did) (did nat) v	iew the bady after death.		•
must		23A. SIGNATURE	7	nding Med.		238. DATE SIGNED
		X, W, N°	) Phys	Director .	Phys.	MAY 14, 67
>		23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
approval		SOO WOONG. H	ONG M.D.	DON SECOUR	25 HOSPI	TAL
	24A	BURIAL CREMATION, 248. DATE 24C.NA	ME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	. lown, or county) (Stote)
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	VS	150-REV. 1/1/63/AY 16 196711	L SAL VICTORIUM	1 3331 RIG	hms Lane	



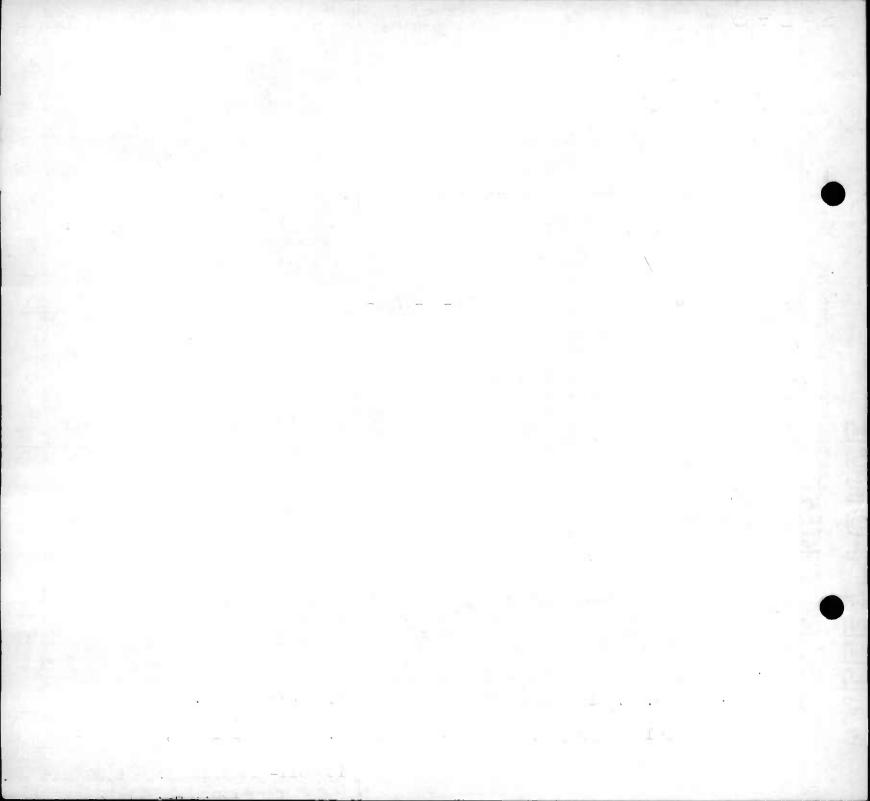
,,_ 1		Y HEALTH DEPARTMENT
P-435	BIRTH NO. 67 4727 CERTIFICA	ATE OF DEATH Registered Na. 07 4767
death death eased n the Such	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  FRANK THOMAS BALDWIN	May 13, 1967 5:15 a.
of de Dece	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission A, STATE B. CDUNTY
hos Use (5) dan de	FULL NAME DF IIf not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Md.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
0 8 9	451 N. Bouldin St.,	Baltimore 26-//
マ.こ いった .	Baltimore, Md. 21224	451 N. Bouldin St.
F 3 0 B D	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs   lost birthdoy  Months; Days Hours; Min.
occur ontrib ermin regul	male white married	12/13/95 71
th collete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	WHAT COUNTRY?
Po u pit	Clerk-Bureau of Sanitation-City	Baltimore, Md.
if d 4) U was the pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
부는 아무 다양	Frank Baldwin	unknown
istar he d kind deat ce o nal	15. Was Deceased Ever in U. S. Armed Forces?   Tes, no or unknown   (If yes, give wor or dates of service)	17. INFORMANT ADDRESS
fi fi	215-09-3737A	Esther Hanrahan Baldwin, wife, above
his as to, if fany nced enda d or		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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me me y ph)	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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tur tw tw 6) (9)	21D. TIME   Month)   Doyl (Year)   Hour)   21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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ここ × × トロ	22. I certify that (I) (this hospital) attended the deceased from	Feb 17 1967 10 May 13 1967
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a h	23C. PHYSICIAN'S	23D. ADDRESS
as at at at rior	NAME (Type) Dr. Louis C. Dobihal	447 N. Verwood Ario
y w y w y w d p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF C	REMATORT 24D. LOCATION (City, town, or county) (Stote)
his certificat ne body was hows: (1) An ras D.O.A. af eceased pric	Burial 5/16/67 Gardens of Fa	aith Cem. Baltimore, Md.
This cer the bod shows: was D.( decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
たれる 3 € 3	MAY 1 C 1967 1 Q Q By Extendenta	Schimunek Funeral Home, Inc.

Schimunek Funeral Home, Inc. 3831 Brehms Lane



Balto. 21/12

VS 150-REV. 1/1/65



## BALTIMORE CITY HEALTH DEPARTMENT BIRTH FAZ. 4729 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4729

M.E. CASE NO.			
1. NAME OF DECEASED	NICE PROIN	2. DATE AND HOUR PRONOU	
	NICE BROWN	May 12, 1967	4:05 A. M.
3. PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE Mary land B.	
HOSPITAL OR ADDRESS OR LOCA	(TION)	C. CITY OR TOWN (If outside corporate limits, Baltimore	write RURAL and give township)
1100 Whatcoat St	reet	D. STREET ADDRESS (If rurol, give locotion) 1100 Whatcoat Str	eet
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH Apr. 19,1940 9. AGE (In yet lost birthdoy) 27	Months Doys Hours Min.
Female Negro  10A. USUAL OCCUPATION (Give kind of world done during most of working life, even if refired)	-	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 13. FATHER'S NAME	Nene	Maryland 14. MOTHER'S MAIDEN NAME	USA COUNTRY?
Reland Ric		Cathleen Warner	
(Yes, no or unknown), (If yes, give wor or dote		17. INFORMANT 1004	BerressAve.
N•	215-36-030	4 Cathleen Rich Che	ster, Pa.
18. 5 9 3. X		E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY		ONSET AND DEATH
LEADING TO DEATH	[A]	Asphyxia	
heart failure, asthenia, etc. It means injury or complication which coused	the disease,	/	
ANTECEDENT CAUSE	(R)	Compression of neck	
DISEASES OR CONDITIONS, IF A	INI, GIVING DUE TO	and the strange and absolute data and also find the same data and a find but but between the same and a same a	
UNDERLYING CONDITION LAST.	(C)		
<u>P</u> "			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON	LATED TO THE		
19A, DATE OF OPERATION 19B, CON WAS PER		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB-	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimore City	, give exoct location)
UTING CAUSE OF DEATH.	home home	1100 Whatcoat Str	eet /6-02
OF INJURY			
(APPROX.) 5-12-67 3:0	05 A. m. WHILE AT NOT	WHILE Neck compressed by	assailant
	nquiry Inspection AL	$\frac{1}{1}$ and that an this bosis, death I	n my apinlon
resulted fram: Naturol ca	uses Accident Suicident	de Homicide X Undetermined ma	inner 🗌
CO 0		CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Charles	3 J. J. Jak M. E	ASSISTANT MEDICAL EXAMINER	DATE STORES
EXAMINER'S Charles	S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER	May 12, 1967
23A, BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION	City, town, or county) (Stote)
Burial 5-15-		Greensbere	
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR Down & Boulan	ADDRESS
VS 151-REV. 1/1/65	WORLD TO THE		- June
N991	Na o V o	0 4 / 0 0	

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		CITY	Amo	4	BALTIMO	ORE CITY	HEALTH	DEPARTME	NT	V	6	STY AMON	
BIRT	H NO.	0/	473	1	CERTI	FICA	TE O	F DEAT	гн	Registered	No	4/31	
M.E	CASE NO.				CEICII	11 10/1							
	AME OF DECEA	SED						2. DA	TE AND	HOUR OF DE	ATH		
(Тур	e or Print)	JAMES	S E	· CAL	HOUN				4.5	1-13-	67	4:05	AM
3. P	LACE OF DEAT	H IN BALTI					4. USUA A. STAT			deceased lived.		ution: residence befare	admission)
1	FULL NAME OF HOSPITAL OR NSTITUTION		in hospitol s or location	or institution,	give street		c. CITY	OR TOWN		NCHES		RAL and give township	Ca,
		·	Menne	0	11			<b>POUA</b>	EST	FR		56-6	20
4	7	WOV!	m 5 mg	July	Hospita	the state of the s		POUT	FF	rol, give tocotion			
5. \$	EX 6	RACE			, NEVER MARRIE		B. DATE	OF BIRTH	9.	AGE (In years	1.	If Under 1 Yr. If Un Aonths: Doys Hours	der 24 Hrs.
	M	U	)		WALL PIE		4	- 28 - 8	2 0	est birthdoyl	^~	Aonth's Doys Hours	Min.
	. USUAL OCCUP				F BUSINESS OR I		11. BIRTH	PLACE (Stote	or foreign	n country)	1	12. CITIZEN OF WHAT COUNTRY?	
1	lainten	שו מו		7001	Makin	0.		· CAM				4.5.6	+.
13.	FATHER'S NAME	Harri	son				14. MOT	HERSMAIDE	NAM				
	Q	NKN	own	) Co	alhoun			UN	or W	· UWO	- GV	2 My PS FAIL	1
15. Yes	Wos Deceased E	ver in U.S. Il yes, give	Armed Forwor or dole	ces?	1 6, SOCIAL SECURITY N	10,	17. INFO	MANT				ADDRESS	
	UNK				219-22-	-/382	Steu	ant	Ca	lhoun		millers 1	md.
	1B. 75 8	XI			Ċ	AUSE OI	DEATH					INTERVAL BET	
		OR CONE		ECTLY		Myoc	undia	1 T.	Equ.	T.,		7 600	
	(This daes nat				DU	E TO	4 - 410			110 /1			
	injury at camp	lication whi	ch caused			state	15	Post -	. OP	Smal	11	1 day	
		NTECEDEN				E TO			T	Smal			
	rise to the			, .	-	pa	vel	1-676	(110)	Α			
	UNDERLYING				107								
_		- 11		0.178.0117.								4	
ATIO	TO THE DEA	ATH BUT	NOT RELA	TED TO T	115	2(0	a						
FICA	19A. DATE OF			DITION FOR	WHICH OPERATI	ON	20 A.	AUTOPSY? (Yes	s or No)			DINGS CONSIDERED	-
ERTIFIC	5-12-		943	THIC	gazenn			ha					
CAL G	21A. ACCIDENT OR CONTRIBUTE DEATH (notify n	ING CAL	ISE OF	ho	B. PLACE OF INJURIES, Iorm, foctory, c.)	URY (e.g., in street, of	or obout fice bldg.,	21C. WHERE	DID CUR?	(If in Bot	Itimore C	City, give exact location	a)
MEDIC	21 D. TIME (	Month) (D	oy) (Yeor)	(Hour) 21	E. INJURY OCCU	RRED		21 F. HOW D	ULNI DI	RY OCCUR?			
2	(APPROX.)				/hite At	Not While At Work							
	22. I certify t	hat (1) ( <u>shi</u>	e hospital	) attended	the deceased fi	rom	A	- 15	19	67 10	5-	13 -	19 67
	that (I) ( <del>wa)</del> I	ast saw th	e decease	d alive an	5-13		19	٤٦.	and that	t in.(my) toer	apinle	on death accurred a	in the date
			ouses stat	red abave.	(I) (We) (did) (d	l <del>d nat)</del> v	iew the	body ofter d	leath.				
	23A. SIGNATUR	E Ala		121,1		M.D. Atte	nding 🦳	Med	_ s	hoff (a)	2:	3B. DATE SIGNED	
	23C. PHYSICIAN	2000	W		his .	Phy	3D. ADD	Med. Director	P	Phys.		5-13-67	
	NAME (Typ	( - )	SHAW	WILG	S	M.D.	THE		N ME	MORIAL	HOS	PITAL	
244	REMOVAL (Sp		A DATE	24C.1	AME OF CEMETE	RY or CRE	MATORY	1	24D. LO	CATION	(City,	town, or county)	(Stote)
6	Urial	14	JY/6,/	167 116	w/reed	tom	em	Tery	Ne	w/r	eec	dom, /a	,
254	. DATE REC'D'S	Y HEALTH	DEPT.	258. NAME	OF REGISTRAR		250	FUNERAL DI	t CTORA	7	M	DRESS	des /
2	150-REV. 1/1/65	AY 16	1967	Robert	- E, Jan	414	100	collete	reles	useum,	421	Ne July	rm, V G

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CERTIFICATE OF DEATH 5 Registered 2. DATE: AND HOUR OF DEATH M.E. CASE NO. I, NAME OF DECEASED HEODORE HARRIS (Type or Print) before odmission) BALTIMORE, 13 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ....and that in (my) (aur) opinian death accurred on the date 238. DATE SIGNED or county) 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

MIRIT THEREORE ..

Francisch Classe

Fret in Stead Worker

227 4 Sept Statement Horse Live " "

Grand Elleston 129 March

24B, NAME OF REGISTRAR

Burial

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

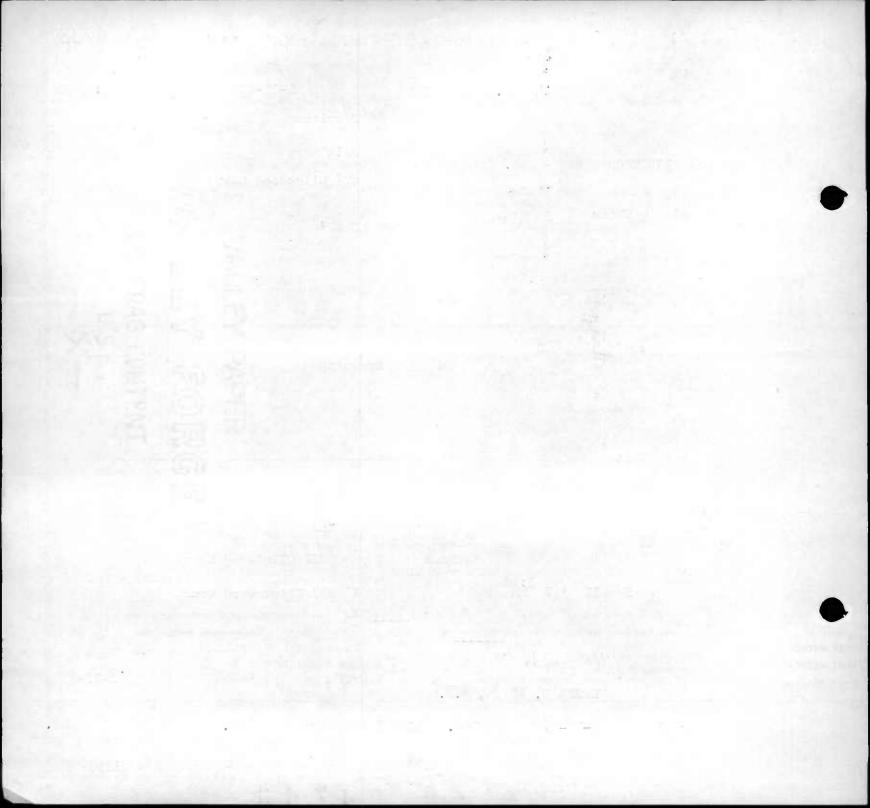
Balto. National Cemetery

Balto.

McCully F H 130 E Fort Ave 21230

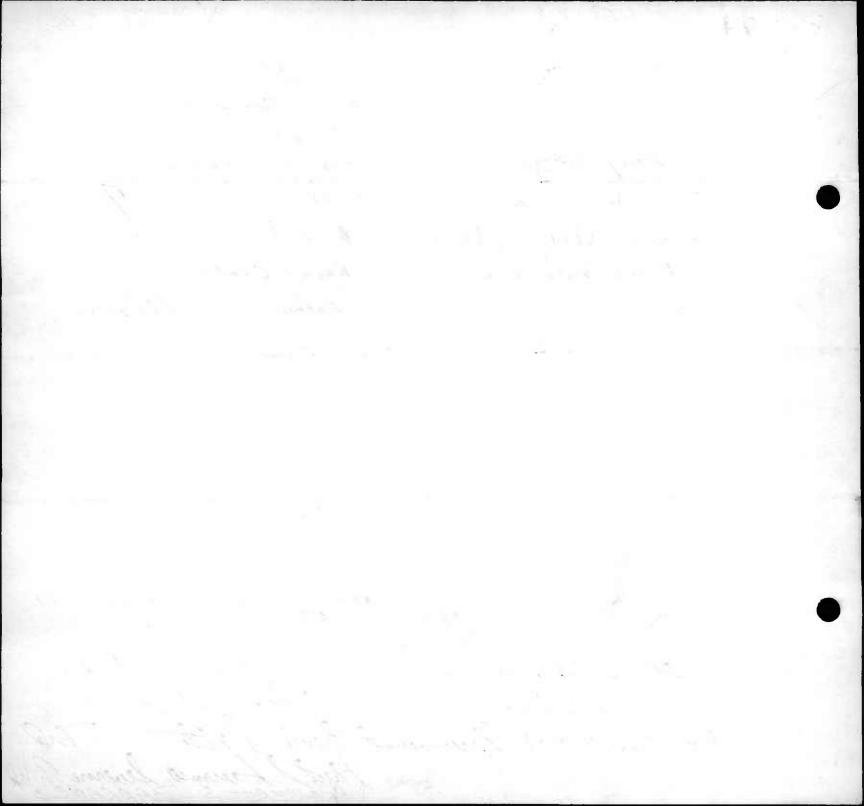
24C. FUNERAL DIRECTOR

ADDRESS



■ Fu	NERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT	ANT			4
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	hief med	cal examiner	or his assi	stant if de	ith occurred i	n a hospital an	> P
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	a medic	al examiner.	Also, if th	e direct o	r contributing	cause of deat	4
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🧷	lody burn	s; (3) A fractur	e of any k	ind; (4) Un	determined ca	use; (5) Decease	CP
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	he physi	cian who pron	onuced d	eath was	in regular at	tendance on th	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔼	rsician w	is in regular	attendanc	e on the	leceased prio	r to death. Suc	9
				ALL THE PARTY OF T			

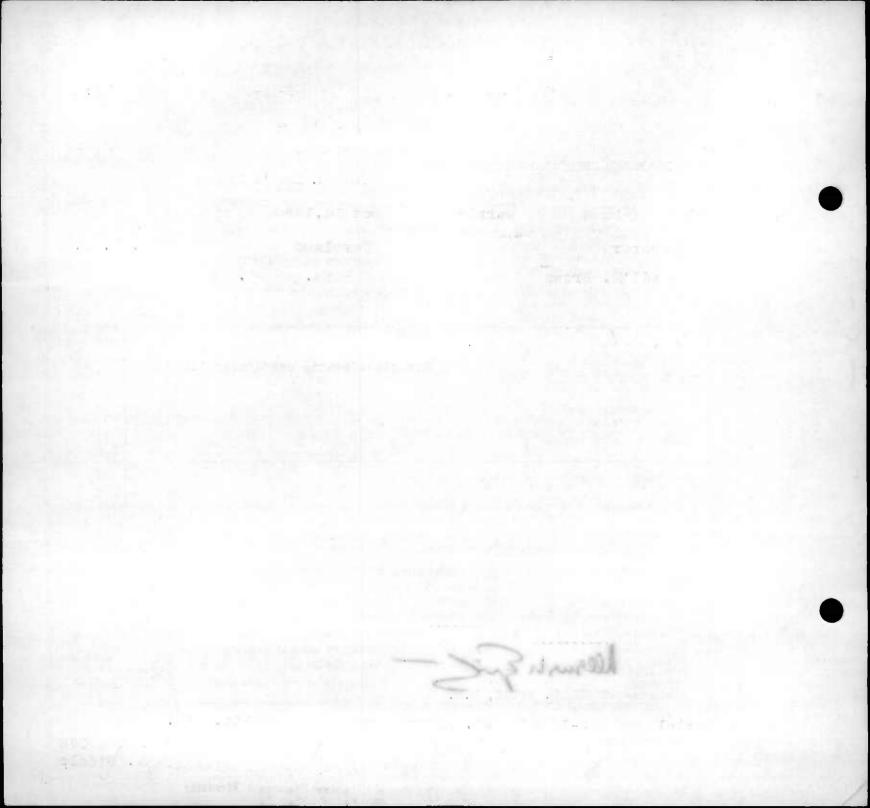
1	67 1731 BALTIMORE CITY	HEALTH DEPARTMENT	67 4734
4	BIRTH NO. anne arundel 1 md. CERTIFICA	TE OF DEATH Registered No	0/ 4/04
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	(Type or Print) Karen Marie Pye	5/12/67	245 P M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If insti	Julion: residence before admission)
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress ar location)	C. CITY OR TOWN (If autside city limits, write RU	Con
	INSTITUTION		52-10
	274 1/20	D. STREET ADDRESS (If rural, give location)	
6	3 Mercy Hosp	416 Kammond Place	
ma	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	of Under 1 Yr. If Under 24 Hrs. Manths Min.
n is		11. BIRTHPLACE (Stole or foreign country)	12. CITUEN OF WHAT COUNTRY?
isposition	NewBorn - None - None	8 Mid	4514
05	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ISP	Dennis Victor Pie 15. Wos Decoased Ever in U. S. Armed Forces? 16. SOCIAL	Rachel Gundrey	
0	15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service)   SECURITY NO.		ADDRESS
final	No -	Father - (	Chaul
0	18. 7.5 7.3 1 CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-15 Trisomy	2de l
balmed	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		7 days
npc	injury ar complication which caused death,)		
e m			***************************************
are	DISEASES OR CONDITIONS, II only, giving rise to the obove cause (A) stating the (C)		
	UNDERLYING CONDITION Iasl.		00-400000000000000000000000000000000000
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
the	DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	
		1es No	
before	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)  21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n ar about 21 C. WHERE DID (If in Boltimare (If in Boltimare (Injury OCCUR?	City, give exact (acation)
	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ained	(APPROX.) While At Not While Work At Work		
obto	22. I certify that (N (this hospital) attended the deceased fram	5/5 1967 ta	5/14 1967,
pe	that (1) (%) last saw the deceased alive on 5/12	19 6 7 and that in (my) (our) apini	an death accurred on the date
	and haur and from the couses stoted abave. (1) (Ne) (did) (did nat) v	iew the bady after death.	
must	23A. SIGNATURE  M.D. Alle	anding Med. Stoff	3B. DATE SIGNED
	Phys	s. Director Phys.	5/14/67
approval	23C. PHYSICIAN'S NAME (Type)  M.D.	23D. ADDRESS	
ddr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. COCAMON City	lawn, ar county (State)
	GREMOVAL (Specify) C-16-67	A (201) 15 A	Mag
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	// ADDRESS
3	MAY 161967 A D. B. S. T. A	thet I Louisien	Leverino Mah
71	VS 150-REV. 1/1/65	ROBERT S. I	ARRANCO

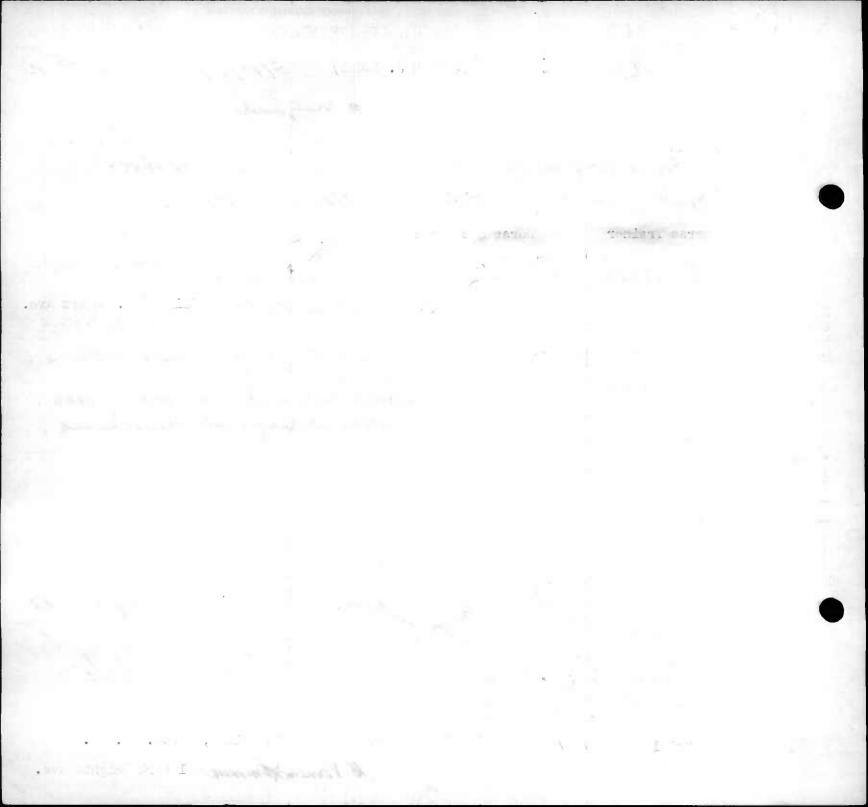


## BALTIMORE CITY HEALTH DEPARTMENT 67 4735 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4735

M.E	CASE NO.								
1. N (Typ	AME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	4
2		BAS			((	5-12-			7:25 PM <sub>M</sub> .
3. PI	LAÇE IN BALT	TIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. If ins B. CO	titution: reside UNTY	nce before odmission)
HO!	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	Maryland c. city or fow	N (If outsid	le corporate limits, writ	e RURAL ond	give township)
4	MAR	YLAND GENERA	L HOSPIT	AL - DOA	Baltimon D. STREET ADDRE	SS (If rurol,			7-01
5. SI	1	6. RACE	7 44 4 88150	NEVER MARRIED	B. DATE OF BIRTH	Mary S	9. AGE (In years	I If I Indo.	Yr. If Under 24 Hrs.
	íale	Colored	WIDO WED, D	ried	Oct 16,1	.896	71	Months D	Poys Hours Min.
	during most of	UPATION (Give kind of wo working lite, even if retired)  OPER		BUSINESS OR INDUSTR	Marylan		gn country)	12. CITIZEN WHAT	COUNTRY?
13. F	Bas	il E. Brow	n	**.	14. MOTHER'S MA		E 2		
		O EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	A R. I.S.
	(This does he of foilure injury or co DISEASES RISE TO TH	SE OR CONDITION D LEADING TO DEAT not meen the mode of , osthenio, etc. If meen mplicotion which coused ANTECEDENT CAUSI OR CONDITIONS, IF LE ABOVE CAUSE (A):	H  If dying, e.g., s the discose, deoth.)  ES  ANY, GIVING STATING THE		of DEATH	c cardi	iovascular d	•	NTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	TO THE		ELATED TO THE			(Yes or No)	20B. IF YES, WERE F		
	21 A. EXTERNA	L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in at about 21 C. W	HERE DID	(If in Boltimore City of	ive exact lac	otion)
<b>JEDIC</b>	UNDERLYING LUTING CAU	OR CONTRIB-	home, etc.)	form, foctory, street,	office bldg., INJURY	OCCUR?		ive exoct toe	Ollotti,
	OF INJURY (APPROX.)	(Month) (Doy) (Ye		HILE AT NOT AT W	WHILE	M DID INT	URY OCCUR?		
		tify that I held on Ited from: Notural co	Inquiry A	Inspection X Au			is bosis, deoth in Undetermined monn		
	ACTUA SIGNAT EXAMIN NAME (	URE WORK	h En		CHIEF ME ASSISTANT ME ASSOCIATE ME	DICAL EX	XAMINER X		DATE SIGNED 5-13-67
REA	BURIAL CRE MOVAL (Specif BUTIAL)	MATION, 23B. DATE	230	t. Auburn			elto. Md.		
24A	, DATE REC'D	MAY 16 196		of REGISTRAR & E. Farkeyn	Ma;T		u A.Heus		Biddle

9 6 7 0 0 0 (Mre) France A. Hemsley





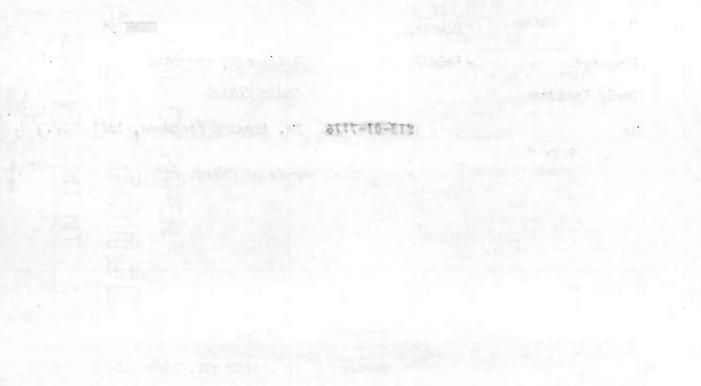
Agudas Bnai

Jacob

24C. FUNERAL DIRECTOR

Rosedale. Maryland

Sol Levinson & Bros. Inc., 6010 Reist., Rd.



	OPT AND OPT	BALTIMORE CITY	HEALTH DEPARTMENT		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	ятн No. 67 4738	CERTIFICA	TE OF DEATH	Registered Na	67 4738	
1.	.E. CASE NO. NAME OF DECEASED			D HOUR OF DEATH		
(T	ROSENBERG, A	eBecca		5-11-67	9 30 AM.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	•	4. USUAL RESIDENCE (When	re deceased lived. If inst TY	itutian: residence befare admission)	
	FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND			
	HOSPITAL OR oddress or location) INSTITUTION		tside city limits, write RU	RAL and give township		
	SINAI HOSPITAL OF BALTIMO	D. STREET ADDRESS (III	ural give legation)	1000		
. I	42		2332 OCA	LA AUE #	15	
5. E		IED, NEVER MARRIED WED, DIVORCED (specify)		0 405 0	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	
.	Female White	Widow	Amuritain -	10		
10 do	A. USUAL OCCUPATION (Give kind of work 10 B, KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13	MANSOLITA	-Home	RUSSIA		USA	
13	FATHER'S NAME	-110/116	14. MOTHER'S MAIDEN NA	ME		
	MENNAMULAN JACOB H	ASAMOU	PAGE FRADK	CIN		
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dotes of service	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	NO	213-01-7	MRS. SYLVIA	BLOCK 2332	OCALA AVENUE	
5	18/22.1 A 260X	CAUSE O	r Utain	NSUFFICIENY.	ONSET AND DEATH	
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	G	erebrovascular 4			
	(This does not mean the mode of dying, heart failure, asthenio, etc. 11 means the dise	e.g., DUE TO	T COLOPASCOCAL T			
3	injury ar camplication which caused death.)		4==			
E	ANTECEDENT CAUSES	(B)	ASCUD.			
5	DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stating	. *				
	UNDERLYING CONDITION lost.	(6)		**************************************		
The remains	. 11					
	I TO THE DEATH BUT NOT RELATED TO	THE DIAGO	Tes. Mellitus			
9 5			20A. AUTOPSY? (Yes or No) 20B. IF YES.		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?	
	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?	
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)	
0   (		etc.)				
B)   L	OF INJURY	21E. INJURY OCCURRED  While At Not While	21F. HOW DID INJ	URY OCCUR?		
	(APPROX)	Work At Work				
0	22. I certify that (I) (this hospital) attended			1967 to 5-		
0	that (1) (we) last saw the deceased alive			at in <del>(my)</del> (aur) apini	an death accurred an the date	
must	and hour and fram the causes stated abay	e (1) (Wel (did) (dld nat) v	riew the bady after death.		23 B. DATE SIGNED	
	e no la	M.D. Atte	ending Med.	Stoff	5-11-67	
<u> </u>	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	0 77-67	
6	NAME (Type)			PITAL of BAC	TIATER	
DAOJddb 2		C. NAME of CEMETERY of CR			, town, or county) (State)	
	REMOVAL (Specify)					
2	BURIAL 5/12/67  GA. DATE REC'D BY HEALTH DEPT. 25B. NAM		25C. FUNERAL DIRECTOR	BALTIMORE, N	ADDRESS	
3	MAY 161967 R.C.	of E. Farberta	SOL LEVINSON	& BROS. INC.	. 6010 REISTERSTON	
V	150-REV. 1/1/65	47000	1717			

Мокускис Вустушене

2332 DEALS NO. "

1500 E - 100

RUSSIA

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Certification of Especialists

GUZZA

DIABOTES MECLIOUS

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ESTIE HORRAGON TIZE

South HOLPITE OF BATTOM TO

HOUSE WIFE

OW

HOUSE BEAUTI

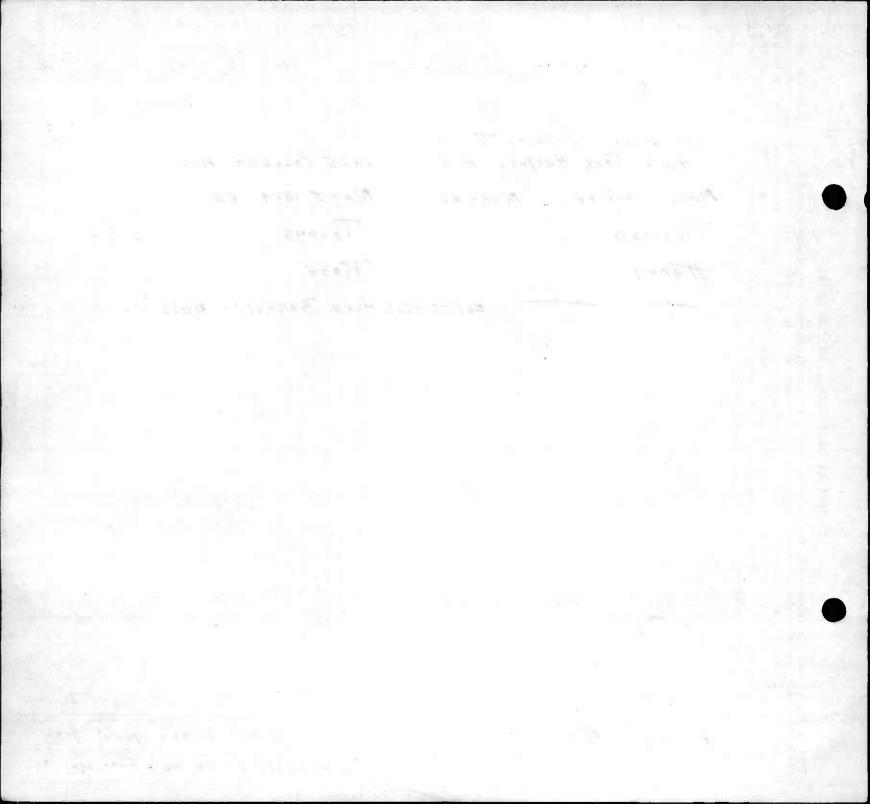
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STURN HOSPITAL OF BUT . AME -

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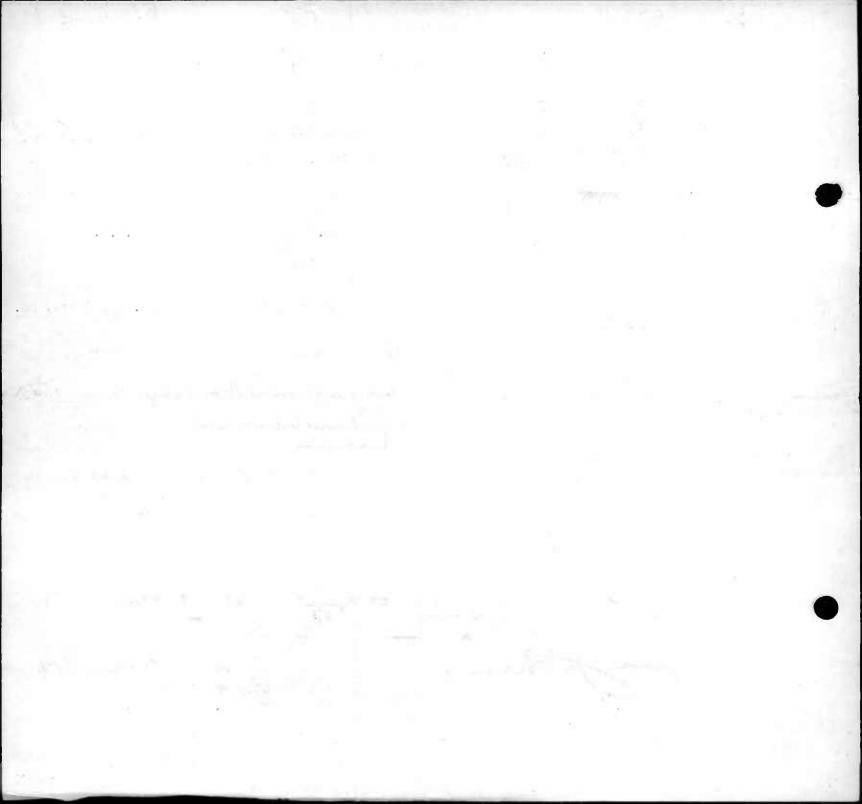
	BAL	TIMORE CITY	HEALTH DEPARTMENT		CIT APLACE
11	RTH NO. 67 4740 CE	RTIFICAT	TE OF DEATH	Registered No	67 4740
1.	NAME OF DECEASED	CFF	2. DATE AND	12, 1967	4 ° A. M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il inst	titutian: residence befare admission)
	FULL NAME OF (If not in hospital at institution, give sheet HOSPITAL OR address at location)		NEW YORK		N K  JRAL and give township)
1	MT. Sing. NURSING Home		BRONY D. STREET ADDRESS (If IN	iol, give location)	1-29
L	4613 Park HEIGHTS AUE		1425 COLLEG		
	SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE MARKED MARRIED			AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	OR INDUSTRY	1. BIRTHPLACE (State or fareign	n country)	12. CITIZEN OF
13	ae during mast al warking life, even if retired)		POLAND		WHAT COUNTRY?
13	FATHERS NAME	1	4. MOTHER'S MAIDEN NAM	E	U. J. M.
٠    ١	Hanny		ROSE		
	Wos Deceased Ever in U. S. Armed Farces? 16. SOCIA		7. INFORMANT		ADDRESS
(Y)		5-4522	ALEX BURKON	F- 4613	Park Heights Au
	18. / )	CAUSE OF		7613	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0		1	Se we can
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) 5 7/	moravy e	doine	days
	heart failure, asthenia, etc. It means the disease,	DOE 10	rioscheratic c		Soveral
- }	injury at camplication which coused death.)  ANTECEDENT CAUSES	(B) Ante	anscheration o	and :0 va xu	4. years
	DISEASES OR CONDITIONS, if any, giving	DUE TO	01,80	ace_	
TION	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
MOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
BTIFIC A	19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPE	RATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
A I A	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF hame, larm, face of DEATH (natify medical examiner)		ai about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacotion)
MEDIC	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY 0	CCURRED	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX.) While At	Nat While At Wark			
	22. I certify that (I) (this has anot) attended the decease		may 19	6/2 1	142/2 19 60
	that (I) (we) lost saw the deceased alive on	my//		tin(my) (ausbanini	ian death occurred on the date
	and hour and from the causes stated above. (1) (We) (di	A (Aid not) wi		Tit (iii)// (Carabini	di devin occorred on the dan
	23A. SIGNATURE	Be(did fidi) Vi	ew the body differ death.		23B, DATE SIGNED
	Ae 1th	M.D. Atten	ding Med. S	taff hy s.	5/12/12
	23C. PHYSICIAN'S		BD. ADDRESS	ny s.	1
	NAME (Type) Sey Crown H. Rubon	M.D.	5415 /a	VK 10	eights Rie
	A. BURIAL CREMATION, 248. DATE   24C. NAME of CE	METERY or CREA	MATORY 24D. LO	CATION (City	, tawn, ar caunty) (State)
	BORYAL (Specify) 5/14/1967 UNITED 1	4 EBREW	STAT	EN ISLAND	, NEW YORK
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRA	A. O. Lea	SYLOND S. LEW.	s + SON, INC	- GARRISON, MD.
VS	150-REV. 1/1/65	and the state of t	4740		



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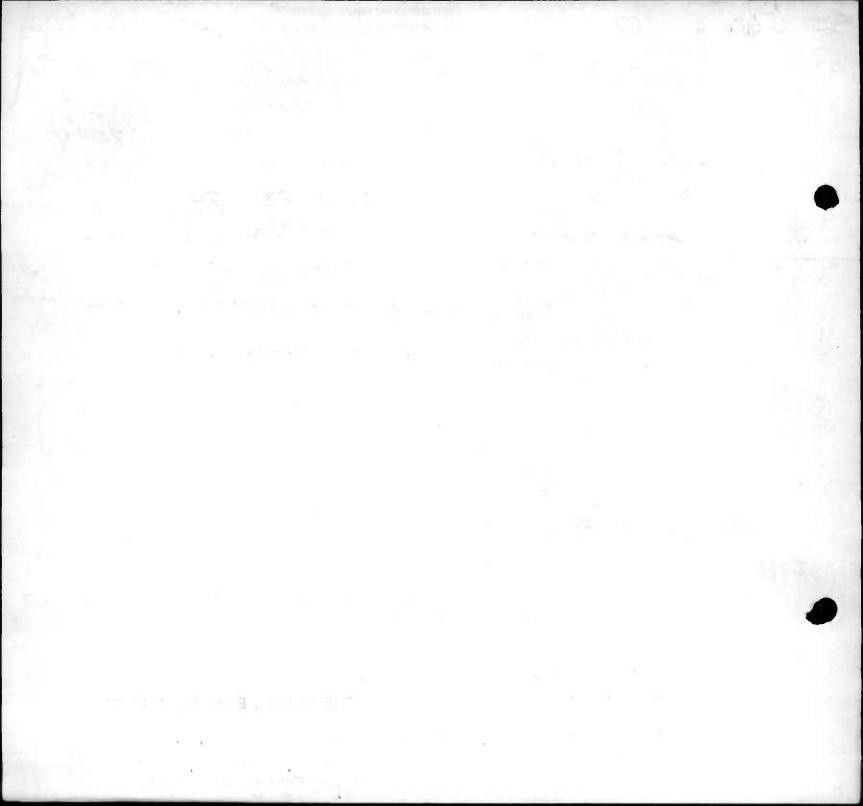
	67 4742	BALTIMORE CITY	HEALTH DEPARTMENT		67 4742
11	EL CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	
1.	NAME OF DECEASED  Printle SPRETDEN	1 THOMPSON	2. DATE AN	D HOUR OF DEATH	17 A M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. II ins	titution: residence before admission)
3 /	HOSPITAL OR OF Oddress or location)  BALT IMORE CITY HOSPITAL  4940 EASTERN AVENUE BALT IMORE, MARYLAND 212	IS	MARYLAND c. CITY OF TOWN (If outs BALT IMORE MIRA)	side city limits, write RI	
5.	SEX 6. RACE 7. A	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	MALE NEGRO	WIDOWED, DIVORCED (specify)	1/1909	ost birthdoyl 58	Monins Days Hoors Min.
	A. USUAL OCCUPATION (Give kind of work 10 & ne during most of working life, even if retired)  Butcher	KIND OF BUSINESS OR INDUSTRY	11. BirthPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	/		Alice		
15.	Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		AD##1224
1/	es, no as unknown) (If yes, give war or dates of	SECURITY NO.	BCH: Records 49	40 Eastern A	lve. Baltimore, Md.
Ma	Puern	CAUSE OF		7	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	TLY 😙	*		ONSET AND DEATH
	LEADING TO DEATH	(A) Thu	cumérica		5 days
	(This does not meon the mode of dyinheoil foilure, ostherio, etc. It meons the	diseose,		- 1/	
	ANTECEDENT CAUSES	(B) 620	barochnere	1 Hemorrh	ge 3 months
	DISEASES OR CONDITIONS, if ony,	DUE TO	ertensive atteri	0 1:	
	rise to the obove couse (A) sto		eitersive With	oschoratec	Jears
	ONDEREINING CONDITION 1681.	1	Lighting		
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE	wary Tract le	fection	2 weeks
FRTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	IN CERTIFYING CAU	NDINGS CONSIDERED
C AI CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C, WHERE DID INJURY OCCUR?	(If in Bottimore	City, give exact location)
	21 D. TIME (Month) (Dov) (Year) (H	our 21E, INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
¥	(APPROX.)	While At Not While At Work			
	22. I certify that ( (this hospital) at	tended the deceased from Z	7 april 1	967 10 9	may 1967.
	that (1) (45) last saw the deceased o	live on 8 than			ian death accurred on the date
	and hour and from the causes stated	abave. (I) ( <b>(12)</b> (did) ( <del>did not)</del> v			
	23A. SIGNATURE				23B. DATE SIGNED
	Selan Jaka	M.D. Alle Phy:	mding Med. Director	Phys.	9 May 1967
	23C. PHYSICIAN'S NAME (Type)		23D. ABBATtimore Ci	ty Hospitals	#21224
	Alan J. Barnes	M.D.			more, Maryland
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)  5/5/67	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	7- A- DO	unty, Me
25	MAY 16 1967	NAME OF REGISTRAN	See SUNERAL DIRECTOR	dock	1304h. Contil

VS 150-REV. 1/1/65



5	ed in a hospital and .  uting cause of death ed cause; (5) Deceased r attendance on the prior to death. Such
•	or contribor contribution cont
IMPORTANT	or his assistant if death occurred in a Also, if the direct or contributing caure of any kind; (4) Undetermined cause; nounced death was in regular attendance on the deceased prior to Imed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	medical examiner. ledical examiner. burns; (3) A fractur hysician who pror n was in regular remains are embal
FUNER	roved by the chief in hospital by a my nature; (2) Body of the copt where the production of (6) No physicial of the chained before the
	This certificate must be upproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

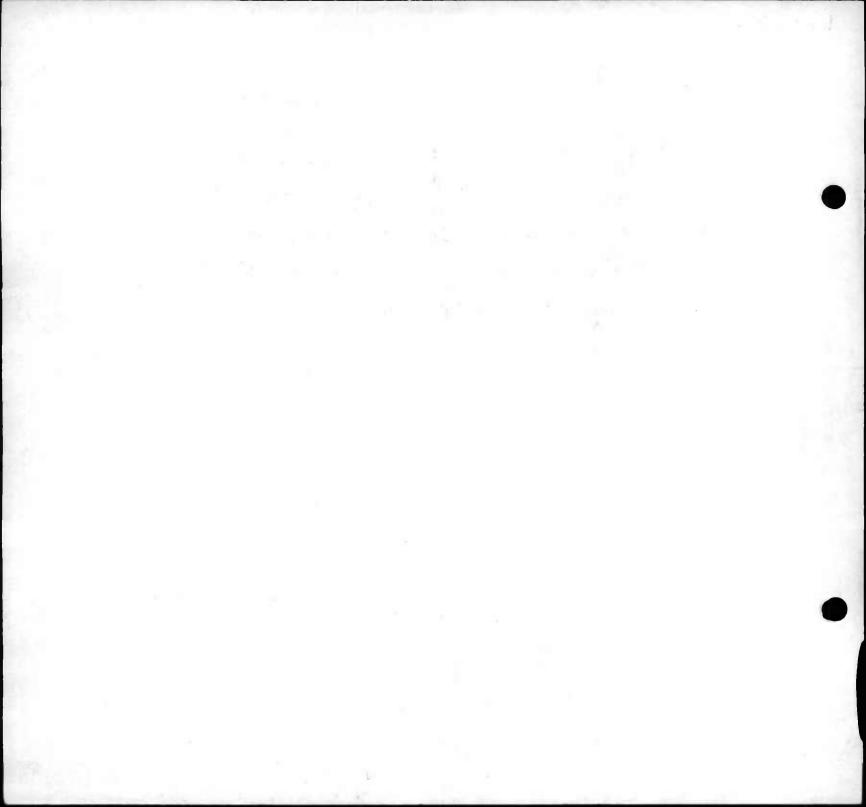
		OP	A 104 A 43		BALTIMORE CIT	Y HEALTH DEPA	RTMENT		CIN	Artido
	TH NO. E. CASE NO.	67	4743		CERTIFICA	TE OF D	EATH	Registered No	0/	4/43
1. N (Ty)	IAME OF DE	AGI		CHM	127		M.	D HOUR OF DEATH	9671	6 10 pm
3. 1	PLACE OF DI	EATH IN BA	LTIMORE, MARYLAN	D		A. STATE	B. COUN		200	
E	FULL NAME HOSPITAL OR NSTITUTION		not in hospital or insti Iress or lacotion)	tution, give s	treet	C. CITY OR TO	VYLAN	side city limits, write	RURAL ond	lownship)
-	1		1				TIMO		9-	04
1	lmi		morial	Hosp		2620	9 41	MOND.	PLAC	
5. 5	F	6. RACE	V WI	DOWED, DIV	ER MARRIED (ORCED (specity)	6. DATE OF BIR		9. AGE (In years last birthday)	Months Days	If Under 24 Hrs. Hours Min.
	e during most o	f working life,	Give kind of work 10B, KI eyen if retired),	IND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE	(State or Josei	TONDRE	12. CITIZEN OF	UNTRY?
12			HOUSEWIFE			4		MD.	U.	2
	A CO T		HMIELES	CK1		FRA	NCES	UNKNO	WN	
13.	Wos Decease	d Ever in U.	S. Armed Forces? ve war ar dates of se	1 6. 9	OCIAL SECURITY NO.	17. INFORMANT	r		ADDR	ESS
	NO			22	0-01-3525	Frances	Piecho	cki 603 N.L	inwood Av	e
	18. DISE	ASE OR CO	NOITION DIRECTLY	,		OF DEATH			ONSET	AL BETWEEN
	(This does		TO DEATH			EBROVA	SCULAI	e ACCIDE	NT	
	heart foilure	This daes not mean the made of dying, e.g., DUETO heart foilure, osthenia, etc. It means the diseose, injury or camplication which caused deoth.)								
		ANTECED	ENT CAUSES		(B)					
1		he obave	DITIONS, if ony, couse (A) stotin TION lost,		(C)		100 ded: 00 ded: 00 00 mm mm 0 g ded: 1	*******************************		
ATION	TO THE	DEATH BL	ONDITIONS CONTRI							
ERTIFIC,	19A. DATE C				H OPERATION	20A. AUTOP	SY? (Yes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS USES OF DEATH	DERED
CAL CE	21A. ACCID OR CONTRIE DEATH (notic	BUTING 🔲 C		21 B. PLA ( home, tor	m, factory, street, o	in or obout 21 C. W	HERE DID Y OCCUR?	(If in Boltimore	e City, give exoct	location)
EDI	21 D. TIME OF INJURY	(Month)	(Doy) (Yeor) (Hou	r) 21 E. INJU	JRY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
2	(APPROX.)			While At Work	Not Whi			2.15		
	22. I certif	y thot (I) (	this hospital) atte	nded the de	11	04-3	1	9 6 7 ta	05-	14 196 7
	thot (I) (we	) last sow	the deceased oliv	re an	05-14	196	.7and the	at in(my) (aur) opi	nion death acc	urred an the date
			causes stated ab	ave. (1) (We	e) (did) (did nat)	view the bady o	ifter death.			
	23A. SIGNAT	2-3-1	/ 2-	-	M.D. Att	ending —	Med.	Stoff	23 B. DATE SIGN	-14-67
	23C. PHYSICI	AN'S			Phy	23D. ADDRESS	Director	Phys.		
	z'ort/	A'N' ZAI	RDAY		M.D.	THE U	MOINL	MEMORIAL H	HOSPITAL	
24	BURIAL CR REMOVAL Buria	(Specity)	24B. DATE 5/17/67		enislaus C	EMATORY	24D. LC		ty, town, or count	(Stote)
25A	DATE REC'			IAME OF RE				•	AD.	DRESS
			3 0 1007 6	- A - F-	C. FA. D.M	George	A Webe	r 795 S. An	n St	
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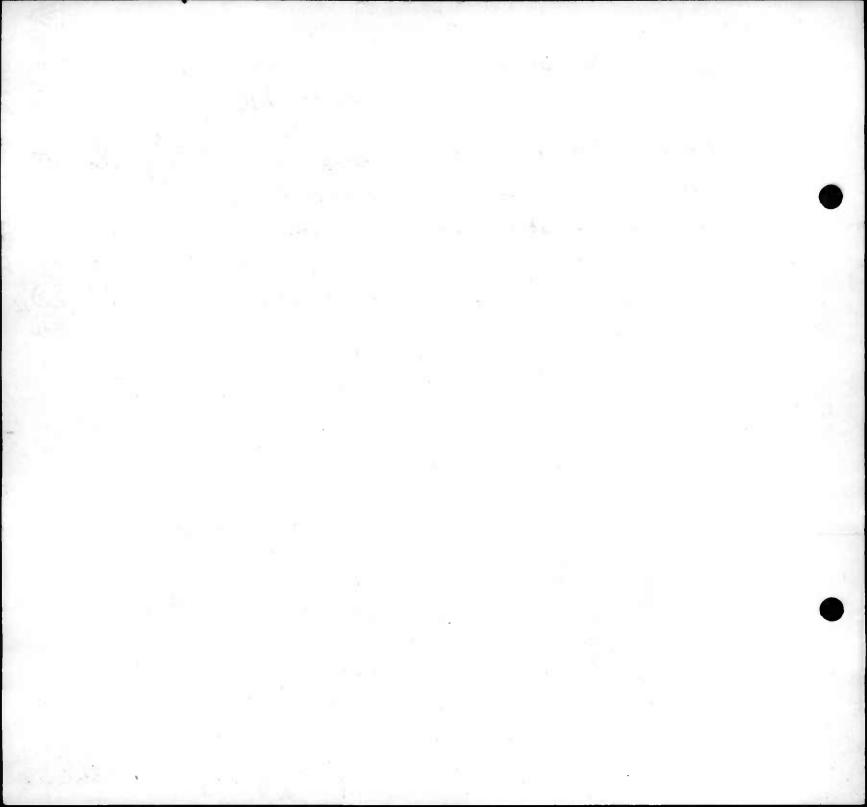


	0.5			BALTIMORE CITY	HEALTH DEPARTMEN	NT	Copy Arts A A	
M.E	H NO. 67	A. V .A. A			TE OF DEAT		24	
	AME OF DECEA	CHEST	ERJO	GLAB	2. DA	TE AND HOUR OF DEATH	10 P.M	
		H IN BALTIMORE, MA	RYLAND			COUNTY	institution: residence before odmission)	
F	TULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or locatio		give street		(If outside city limits, write	RURationd five township)	
	37	MERCY			D. STREET ADDRESS 5110 Wri	(If rurol, give location)	20 39	
5. S	M	. RACE	Marr		8. DATE OF BIRTH 7/24/1912	9. AGE (In years tost birthdoy) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done	during most of wells	orking life, even if retired) Line Laborer	General	Motors Corp.  bile Industry	Baltimore, N	Md.	12. CITIZEN OF WHAT COUNTRY?  U. S. A.	
	Joseph M.	Glab			Antonina Ge			
(Yes	Was Deceased E s, no or unknown) ( YES	ver in U. S. Armed For If yes, give wor or dote WWI]	rces? es of service)	16. SOCIAL SECURITY NO. 216-03-0574	Rose Glab 5	110 Wright Ave	Baltimore, Md. # 5	
	B. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO  CAUSE OF DEATH  (A) Suptice mig = Pulm. embolism ? 2 days							
	injury or comp	sthenia, etc. It means lication which caused NTECEDENT CAUSES	deoth.)	· ·				
	rise to the	CONDITIONS, if obove couse (A) CONDITION last.		(c) Rec	urvent Ca of	? Pxectum = lues	tastasis 1 yr	
ATION	TO THE DE	CANT CONDITIONS ( ATH BUT NOT REL ONDITION CAUSING	ATED TO TH	IG HE				
CERTIFIC/	May 11	OPERATION 198. CON	NDITION FOR	WHICH OPERATION  O Vecture B. PLACE OF INJURY (e.g., i	No		FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
CAL	OR CONTRIBUT	ING CAUSE OF	hor	ne, form, foctory, street, o	ffice bldg., INJURY OCC	UR?	ore City, give exact location	
MEDI	21 D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year)	w	E INJURY OCCURRED  hile At Not While At Work	e	ID INJURY OCCUR?		
	that (1) (we) 1	hat (I) (this hospito ost saw the deceos	ed alive on	may 14	19 67	and that in(my) (aur) a	ry 14 19 67 pinian death accurred on the dat	
	and haur ond		ated above.	(I) (We) (did) (did not)		- ¢u -	23B. DATE SIGNED	
	23C. PHYSICIAN NAME (Type		Jan	M.D. Att	23D. ADDRESS	Stoff Phys. A	5/15-167	
24/	REMOVAL (Sp Burial		24C. N	Stanislaus Ce		Baltimore, Md.	City, town, or county) (State)	
254		MAY 16 1967	25B. NAME	of REGISTRAN	25C. FUNERAL DIR	Weber 705 Sout	th Ann Street	
VS	150-REV. 1/1/65		- Marine		175	age of Well	2_	

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	OP	A phy a p	BALTIMORE CITY	HEALTH DEPARTMENT		67 4745
M.E	CASE NO.	4745	CERTIFICA	TE OF DEATH	Registered No	07 4/45
	AME OF DECEASED		D	2. DATE AND	HOUR OF DEATH	
3. P	PLACE OF DEATH IN BAL	TIMORE MARYLAND	Downin	4. USUAL RESIDENCE (Where	deceased lived II institu	O/ P. Iution: residence before admission
				A. STATE B. COUNT	Y	Total Testactice Sciole Sullassion
i F	OSPITAL OR oddr	ot in hospitol or instituti ess or location)	on, give street		ide city limits, write RU	BAL and nine Annualina
	NSTITUTION	.1 0		12 . 11.	1000	KAL DIE GIVE IDWISHID
4	OHOUSE 1	n the Pi	nes. Belvedere	D. STREET ADDRESS (If it	irol, give location)	
1	0			3606	Elm Av	'e
5. S	4 1 1 1 12	· / WIDO	NEVER MARRIED		. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.
1	Male Wh	ite	Single	Vec. 7, 1890	76	
	USUAL OCCUPATION (G Ladyring most of working life,		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	_   _	iger Int	erior Decorator	- Maryland	d	U.S.A.
13.	FATHERS NAME	12.11	2	14. MOTHER'S MAIDEN NAM		1
	Charles	Willard	Downin	Sarah	V. Feig	ley
15. V	Wos Deceased Ever in U., ,no or unknown) (If yes, giv	S. Armed Forces? e war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes W	W. I	217 03 8016	Isadora	C. Presto	n 3606 EIN
	18.	l.	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		TO DEATH	A	70 15	770 has	ONSE! AND DEATH
	(This does not meon t		e.g., DUE TO	ell Cerebul	, Musical	- KM
	heart foilure, osthenia, e injury or complication w	Ic. II meons the dise		Megarelle	at EUP	2000 17
		NT CAUSES	(B)	1 <del>989-98-0</del> -0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	77770000888888888888888888888888888888	
	DISEASES OR COND		DUE TO			
	rise to the obove UNDERLYING CONDIT		lhe IC)		********************************	
	ONDERENTO CONDIT	1				
Z	OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING			
ATIO	TO THE DEATH BU	CAUSING IT.				
CERTIFIC	19A-DATE OF OPERATION	198 CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
CE	21A. ACCIDENT WAS U	IDERLYING [	21B. PLACE OF INJURY (e.g., in	or about 2) C WHERE DID	(If in Boltimore C	ity, give exact location)
ابدا	21A. ACCIDENT WAS UPOR CONTRIBUTING CADEATH (notify medicol ex	AUSE OF aminer)	home, form, factory, street, of	ice bldg., INJURY OCCUR?	iii boliiiiore c	My, give exact locaron/
000	21 D. TIME (Month) OF INJURY	Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)		While At Not While At Work			
	22. I certify that (I) (t	nis hospitol) attende	/	mit 10 19	67 10 MC	0, 12 1965
l 1	that (I) (we) lost saw		(MA)	19 6 7 and the	in (my) (our) opinio	on death occurred on the do
			e. (1) (We) (did) (did not) v		, , , , , , , , , , , , , , , , , , , ,	
	23A. SIGNATURE	0-2000	1/0/10		2:	B. DATE SIGNED
	9	The second	COMOZIM.D. Alle Phys	mding Med. Director P	loff hy s.	
	23C. PHYSICIAN'S NAME   Type)			3D. ADDRESS		
	Lester	N. Koh	man M.D.	3700 Pai	-K Heights	s Ave
24A	BURIAL CREMATION, 2 REMOVAL (Specify)		NAME OF CEMETERY OF CRE			town, or county) (Stote)
	Burial	16 May 67	Baltimore 1	Vational   1	Saltimore	Md.
25 Ä	DATE REC'D BY HEALTH	DEPT. 25B. NAN	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	4 11	ADDRESS
	MAY	161957 0.4	John E. Salley M.A.	Burgee Full	neval Home	3631 Falls A
VS	50-REV. 1/1/65	1 7	0 / 0 0 0	1 William	R West	· ~





VS 150-REV. 1/1/65

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CERTIFICATE OF DEATH Registring No.  1. HANK COST OF DEATH Registring No. 1. HANK COST OF DEATH Registring No. 1. HANK COST OF DEATH Registring No. 1. HANK COST OF DEATH REGISTRING REGIST		612	BALTIMORE CITY	HEALTH DEPARTMENT	1	67 4748
THAME OF DECENSED   1. MAKE THE PROPERTY OF STATE OF ST			CERTIFICA	TE OF DEATH	Registered Na.	0. 1. 20
JULI, NAME OF DEFATH IN BALEMORE MAREHAD  FULL, NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF OF DEFATH IN BALEMORE MAREHAD  STORE B. COUNTY  FULL NAME OF	1, N	AME OF DECEASED	HIMAS	2. DATE AN	HOUR OF DEATH	515 0
TOUR MANNE OF MISTERIOR OF Interior in Interior in Control of the Control of	3. P		11001113		e deceoted lived. If in	stitution: residence before admiss
HOSPITAL OR   Global   Hospital	F	FULL NAME OF (ff not in hospitof or institut	ion, give street	MAd B. COUN		a.a. C.
DISEASE OR CONDITION DIECTLY LEADING TO DEATH  This does not mean the mode of dying stage, injury or complication which couse shall be above cause (A) staining the UNDERTHING CONDITION CONTRIBUTING TO THE STATE	ŀ	HOSPITAL OR oddress or location)	/ 1	11 11 1	4. 00	
S. SEE    C. BACCE		2 X / Injulysity	Hospilal			
10. USUAL OCCUPATION (Give kind of work) [08. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (Staff or foreign country)   12. CHIZEN OF ADMINISTRY   13. FATHERS WAME   14. MOTHERS WANDEN NAME   14. MOTHERS WANDEN NAME   14. MOTHERS WANDEN NAME   15. MOST DECEMBER (Fig. 1)   15. SOCIAL   15	(	50 00,000				Branch Rd
13. FATHER'S NAME	5. S					If Under 1 Yr. If Under 24 Months Doys Hours Mi
15. Was Decessed Ever in U. S. Ammed Forces?  15. Was Decessed Ever in U. S. Ammed Forces?  15. Was Decessed Ever in U. S. Ammed Forces?  16. SOCIAL SICURITY NO. 17. INFORMANT  ADDRESS  18. JUSEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This dass not mean the mode of dying, e.g., benefit follows, ostheraps, etc., ill means the discoses, injury or complication which coused doeth, out to the observe couse (A) softing the UNDERLYING CONDITIONS, if ony, giving rise for the observe couse (A) softing the UNDERLYING CONDITION (CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELAT			D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	
13. FATHERS NAME	don	M / /		marela	and	LI SA.
Test	13.			14. MOTHER'S MAIDEN NA	ME	14. 200
Teach   Teac		Unknown		Unkn	min	
CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH   ITEM	15. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serv		17. INFORMANT		ADDRESS
CAUSE OF DEATH   INTERVAL SETWERE ONSET AND DEAT						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., been foliure, osthemote, etc.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise folice obove couse (A) sfoling the UNDERLYING CONDITIONS, only giving tise folior obove couse (A) sfoling the UNDERLYING CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION TO RELATED TO THE DEATH BUT NOT REL		18. 4. 9 / 1		F DEATH		INTERVAL BETWEEN
The does not meen the meen fine disease, injury or complication which coused doofh, injury or complication with coused doofh, injury or couped with control or			Ba			A ID A
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the obove couse (A) stoling the (C)  UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTY OF COURSED IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTY OF COURSED IN CERTIFICING CAUSES OF DEATH OF CREMENTING CAUSES OF DEATH OF CREMENT OR COUNTY OF COURSED IN CERTIFICING CAUSES OF DEATH OF CREMENT OR COUNTY OF COURSED IN CERTIFICANCE OF CREMENT OR COUNTY OF COURSE OR COUNTY OF CREMENT OR COUNTY OF COURSE OR COUNTY OF COURSE OR COUNTY OF CREMENT OR COUNTY OR COUN			e.g., DUE TO	WCHOPNEUM	OW 1A	10 days
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DISEASES OR CONDITIONS, if ony, giving isse to the above couse (A) stoting the (C) UNDERLING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF DEPARTION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  DEATH Inoilly medical examines of the course of the contribution of the course of		ANTECEDENT CAUSES	(B)	2	**************************************	
UNDERLYING CONDITION lost.    Contract Conditions Contributing to the Desarth But not related to the Disease or conditions Cause of the Disease of Contributions of Contributions of the Disease of Contributions of Con			ving			
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   19 A. AUTOPSY? (Yes or No.)   19 C. AUTOPSY? (Yes or No			the (C)			0.0000000000000000000000000000000000000
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   19 A. AUTOPSY? (Yes or No.)   19 C. AUTOPSY? (Yes or No		11				
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   19 A. AUTOPSY? (Yes or No.)   19 C. AUTOPSY? (Yes or No	ION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING THE			
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion) Or CONTRIBUTION   CAUSE OF DEATH (notify medical exemines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work   Not While   At Work	CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	) 20 B. IF YES, WERE I	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)    DEATH (notify medical examiner)   DEATH (notify	RTIF	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  While At   Not While   Not Work   Not While   Not Work   Not	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
While At Work  22. I certify that (I) (this hospital) attended the deceased fram  that (I) (we) last saw the deceased alive an	0	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (his hospital) attended the deceased fram 19 (2) to 1	\$	01 1113081				,
that (1) (we) last saw the deceased alive an		22. I certify that (I) (hais hospital) attend			1960 to 5	111 106
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23A. SIGNATURE    23A. SIGNATURE   23B. DATE SIGNED   23B. DATE SIGNED   23B. DATE SIGNED   23C. PHYSICIAN'S NAME (Type)   23D. ADDRESS   24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (SI Burial Specify)   24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (SI Burial Specify)   25A. DATE REC'D BY HEALTH DEPT.					at in (my) (aur) opi	nian death accurred an the
23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  23C. ADDRESS  M.D. UNIVERS  24D. LOCATION (City, town, or county)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)  25A. DATE REC'D BY HEALTH DEPT.  25C. FUNERAL DIRECTOR  ADDRESS  Charles R. Law, 802 Madison Ave.						. / /
23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)  (Si  Burial  25A. DATE REC'D BY HEALTH DEPT.  25C. FUNERAL DIRECTOR  ADDRESS  Charles R. Law, 802 Madison Ave.						23B. DATE SIGNED
230. ADDRESS  NAME (Type)  SCHOOL AR  M.D.  240. LOCATION  (City, town, or county)  Surial  250. ADDRESS  M.D.  240. LOCATION  (City, town, or county)  (Since the surial submanum of the submanum subman		Tust / Sligar.	M.D. Atte	ending Med. S. Director	Stoff Phys.	5/11/67
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (SI Burial 5-16-67) Mt. Auburn 25A. DATE REC'D BY HEALTH DEPT. 48B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.						1100
Burial 5-16-52 Mt. Auburn  25A. DATE REC'D BY HEALTH DEPT. 5-26 NAME OF REGISTRAR  MAY 16 1967, 100 6-2 Later Charles R. Law, 802 Madison Ave.		KURT P SLIGAR		UNIVER.	5174	HOSPITAL
25A. DATE REC'D BY HEALTH DEPT. 9 &B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS  MAY 16 1967. 10 & L. Law, 802 Madison Ave.	244	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI			
MAY 161967, P.O. & S. Ta.O. Ma Charles R. Law, 802 Madison Ave.		Burial 5-16-67	Mt. Auburn			-
	25 A	4444	ME OF REGISTRAR			
	L.	MAY 16 1967, 130-REV. 1/1/65	of Estabuth	Onaries K. 14	w , SUZ MEd	ison Ave.

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	67. 4749	BALTIMORE CITY	HEALTH DEPARTMENT	OPY Ass.				
	RTH NO.  LE CASE NO.	CERTIFICA	TE OF DEATH Registered No.	67 4749				
1.	NAME OF DECEASED  (Pe or Print)  MARY V. WAS  PLACE OF DEATH IN BALT/MORE, MARYLAND	HINGTON	2. DATE AND HOUR OF DEATH					
3.	FULL NAME OF HOSPITAL OR oddress or location)		A. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COUNTY  MARYLAND  C. CITY OR TOWN (If outside city limits, write)					
116 -	SINAI HOSPITAL	OF BALTO	BANTIMORE D. STREET ADDRESS (If rural, give location)	18-41				
<b>6</b> 5.	SEX   6. RACE   7. MAR!	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years					
Ĕ	F NEGRO NEV	OWED, DIVORCED (specify)  CER MARRIED	6-8-1907 tost birthdress	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
l lon		Home	MARYLAND	12. CITIZEN OF WHAT COUNTRY?				
do Disposition do	GOORGE WASHIN	crow	WILLARN Hollard					
113	. Was Deceased Ever in U. S. Armed Forces? ss,no or unknown) (II yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	Frank WASHINGTON WA	SH. D.C.				
0	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH  3 6 HOURS						
Dal Hed	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury at camplication which caused death.)	3 6 1 00/2						
ns are em	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, givine to the above cause (A) stating UNDERLYING CONDITION last.	ving						
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		IBRILLATION VE HEART FAILURE					
e the		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFIING CA	FINDINGS CONSIDERED USES OF DEATH?				
Detore	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in Bottimore lifee bldg., INJURY OCCUR?	e City, give exoct locotion)				
AFD AFD	OF INTITION	21E. INJURY OCCURRED  While At Not White Work At Work						
opt	22. 1 certify that (1) (this hospital) attended the deceased from 5 - 6 19 67 to 5 - 12 19 67, that (1) (we) last saw the deceased alive on 5 - 12 19 67 and that In(my) (our) opinion death occurred on the date							
must be	ond hour and from the causes stoted abov	e. (1) (We) (did) (did nat) v	iew the bady after deoth.	23 B. DATE SIGNED				
	meluyn B. Ler		ending Med. Staff s. Director Phys. 23D. ADDRESS	5-12-67				
approva 24	MELVYN B. LE	UIS M.D.	SINAL HOSPITAL OF	BALTO.				
24	DEAAONAL (C	- PAUL METH. C.		A, A, Co, MD (State)				
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA/ MAY 161967, 25B. NA/	NE OF REGISTRAR	25C. FUNERAL DIRECTOR  Dans Sons P Horyes 6351	NOIL MOR ST				
VS	150-REV. 1/1/65	0-19-0	4 7 5 8					

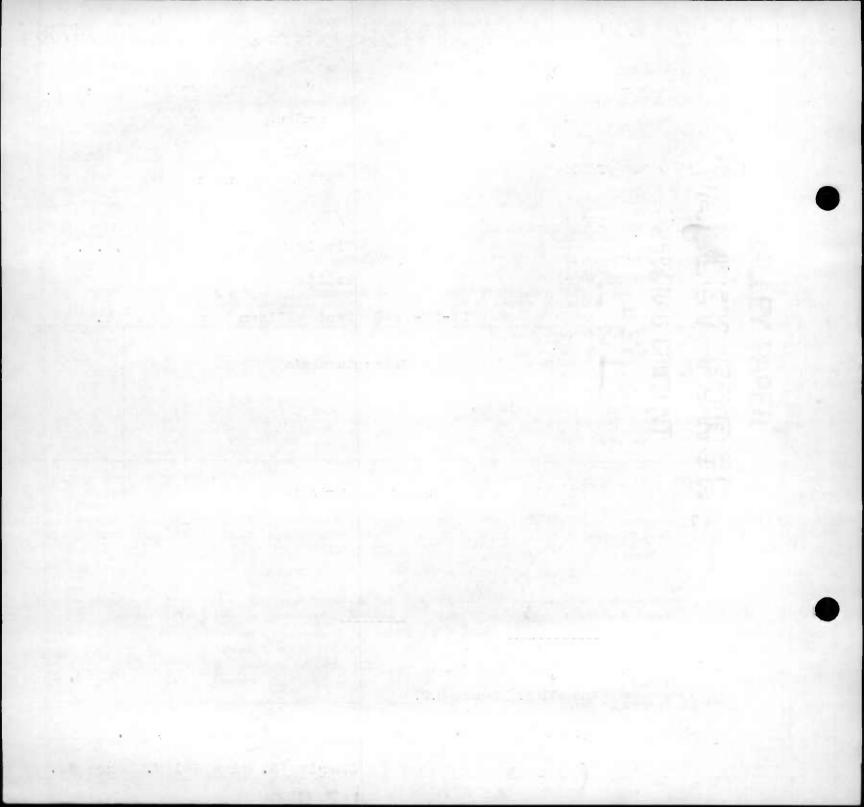
The National Control of the Na CORNER MINISTER CO. motion to in and the second a court with the ground the court of the commence of the second

5	67 BIRTH NO. M.E. CASE NO	4750	BALTIMORE CITY HEALTH MEDICAL EXAMINER'S CER	DEPARTMENT TIFICATE OF DEATH Registered No.67	475
	1. NAME OF E	DECEASED		2. DATE AND HOUR PRONOUNCED DEAD	

M.	E. CASE NO.									
1. (Tv	NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD					
,		NNIE		WILSON		May	10, 1967		8:10 A.M.	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  856 LEMMON STREET					4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission) A. STATE  Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give locoson)					
				856 Lemmon Street						
Female Negro		WIDOWED, DIVORCED (specify)		5/15/	07	9. AGE (In years lost birthday) 59	Months D	Yr. If Under 24 Hrs. oys Hours Min,		
tOA, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)					Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME HOWard Ward					Nellie					
T5. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 217-20-794					77. INFORMANT ADDRESS  9 Marie Wilson 109 Hayes St.					
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  Lobar pneumonia  (B)  DUE TO  UNDERLYING CONDITIONS THE UNDERLYING CONDITIONS CONTRIBUTING									
ERTIFIC			C's cirrhosis  20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED							
MEDICAL C				PLACE OF INJURY (e.g., i form, factory, street, o	Yes IN CERTIFYING CAUSES OF DEATH? Yes, in or obout 21C, WHERE DID office bidgs, INJURY OCCUR?					
MED	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection At WORK and that an this basis, death in my apinion resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner  ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER May 10, 1967									
	NAME (	Type) Russel		sher, M.D.	CREMATORY	23 D. L		town, or cou		
	Burial	5/15	/67	Mt. Auburn			Baltimore	, Md.		
24/	A. DATE REC'D	MAY 16 1967		of registrar	Charle		Rice 661			

VS 151-REV. 1/1/65

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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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11		BALTIMORE CITY HEALTH DEPARTMENT						
5	SIRTH-NO.  M.E. CASE NO.	CERTIFICATE O	F DEATH	Registered No.	6/ 4/32			
Su	1. NAME OF DECEASED Anna M.	and/	2. DATE AND	HOUR OF DEATH	1 04:00A			
ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA			ution: residence before admission!			
dea	FULL NAME OF (If not in hospital or institution, gro		77	anekani	e/			
0	HOSPITAL OR oddress or tocotion) INSTITUTION	C. CITY OR TOWN (II outside city Minits, write RURAL and give township)						
-	210 <	DISTREET ADDRESS (If rurol, give location)						
prior e.	Bon Secours	1105p, Tal	1103 polar 601 N. Chapelgate 4					
70	S. SEX 6. RACE 7. MARRIED, N	DIVORCED (specify)	Under Yr. If Under 24 Hrs.					
eceased on is ma	Lemale white	rock- Widowed 2/	9/2	44				
n i	JOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working tite, even if retired)	USINESS OR INDUSTRY 11. BIRTH	HPLACE (State or foreign	country)	2. CITIZEN OF WHAT COUNTRY?			
the dec	Retired	(2	Baltimore					
the	13. FATHERS NAME	14. MOT	HERS MAIDEN NAM	E				
	Joseph A. No.	h	mare	1 Jane				
° _	15. Was Deceased Everyn U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL 17. INFO	B. Agnes A.	apelgate Land				
attendance med or fina	18.293	CAUSE OF DEATH	1		INTERVAL BETWEEN ONSET AND DEATH			
d d	DISEASE OR CONDITION DIRECTLY	P	7. 0	77.1				
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(AI Congle	sive nea	est Jaila	e one week			
ar	heart foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	// 0	*	. 0				
3 E	ANTECEDENT CAUSES	(B)	nemia	/				
regul	DISEASES OR CONDITIONS, if ony, giving	DUE TO	:					
in s ar	rise to the above cause (A) stating the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
ins	UNDERLYING CONDITION lost,							
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	TICH OPERATION 20A.		20 B. IF YES, WERE FIN				
phys	E B C C C C C C C C C C C C C C C C C C		no					
Ped Ped	OR CONTRIBUTING CAUSE OF CEC.)  OBEATH (notify medical examiner)	LACE OF INJURY (e.g., in or obout lorm, loctory, street, office bldg.,	INJURY OCCUR?	(II in Bolhmore C	ity, give exoct locotion)			
obtained	m OE IN ITIES	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
۳ <u>.</u>	(APPROX.) While				,			
bte	22. I certify that (I) (this hospital) attended the	deceased from 5	19	67 10 5/	13/67 1967.			
. 0	that (I) (we) last saw the deceased alive on	4			n death occurred an the date			
4 to	and haur and fram the couses stated above. (1)		/					
death); must be c	23A. SIGNATURE			23	B. DATE SIGNED			
\$ <del>B</del>	Br R - Jorok	M.D. Attending Phys.	Director P	tofl hy s.	5/13/67			
deceased prior to written approval	23C.PHYSICIAN'S NAME (Type)	BARK M.D.	Bons	Solmos	Hospital			
P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	ME of CEMETERY OF CREMATORY	24D. LO	CATION (City,	town, or county) (State)			
en		ew Cathedral Cem.	E	Baltimore, Mo	l.			
dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR 2SC.	FUNERAL DIRECTOR	- 4101 Edmor	ADDRESS			
	VS 150-REV. 1/1/65	70000	7 6 1					

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MP	his of a of a unce tend	
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FUNERAL DIRECTOR: IMPORTANT	fraction plants	
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	dical cal ns; ( iiciar ras i	
RAL	medimedi bur bur bhys an w	
NE	chief Body the ysici	
F	the (2) (2) ere o ph efor	
	spit spit ure; wh 5) N	
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	An at at orior	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	ATE OF DEATH Registered N	. 67 4753
1, NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEA 5/12/67  4. USUAL RESIDENCE/Where/decessed lived, I	14:17 A.
FULL NAME OF (If not in hespitol or institution, give street HOSPITAL OR eddress er lecetien)	A, STATE B, COUNTY  Md.  C, CITY OR TOWN (If outside city timits, writed)	
Md. Gen'l Hosp	D. STREET ADDRESS (If rurel, give lecetion) 607 Winans Way	28-04
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Wester many e	B. DATE OF BIRTH  2/21/88  9. AGE (In yeers lost birthdey)  9	II Under 1 Yr. II Under 24 Hrs. Menths Doys Heurs Min.
10A, USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUST done during mest of working life, even if retired)	BIL.	12. CITIZEN OF WHAT COUNTRY?
George Hereth	Bertha Kirch	nei
15. Was Deceased Ever in UPS. Armed Farces? (Yes, ne er unknewn) (II yes, give wer er detes el service)  SECURITY NO.		Winans Wayss 21229
7 - 0 1 1	cute Myo carolial In	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)	ASCID.	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C) UNDERLYING CONDITION last,		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in er obout 21 C. WHERE DID (If in Bettir elfice bldg., INJURY OCCUR?	nere City, give exoct lecetion)
OF INJURY (APPROX.)  (Month) (Doy) (Yeor) (Heur)  (APPROX.)  (APPROX.)  (Month) (Doy) (Yeor) (Heur)  (Yeor) (Heur)  (Yeor) (Heur)  (APPROX.)		4 4 5
22. I certify that (1) (his hospital) attended the deceased from that (1) (we) ost sow the deceased alive on	19 6 7 ond that in (my) Kour)	/
ond hour and from the couses stated above (We) (did) (did not 23A, SIGNATURE M.D.	Attending Med. Steff	23 R. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) M.	23D. ADDRESS	lass.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify) 5/15/67 Loudon Park		(City, Newn, or county) (State)
MAY 16 1967 PARE SECTION OF THE SECT	25C. FUNERAL DIRECTOR	ADDRESS

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Bon Secours 2211 Honton ST

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RETIRED BATIMORE MIS IL
FRANK DOILE VIRGINIA SCHILL
WHOMAN

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was D.O.A.

Burial 5/17/67
25A. DATE REC'D BY HEALTH DEPT.

161967

certificate

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attendance on the to death.

BALTIMORE	CITY +	REALTH	DEPAR	TMENT
DALIMORE	CITE	ILOLIII	PLIAK	1 WEIGH

E CASE NO.	67 4755	CERTIFI	CATE OF DEATH Registered	No. 67 4755
NAME OF DEC	EASED		2. DATE AND HOUR OF DE	ATH
ype or Print)	Irene	A. Meyd	May 13, 19	67
PLACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. A, STATE B, COUNTY	
FULL NAME O	F (If not in hospital and oddress or location	or institution, give stieet	Md.	
INSTITUTION				rite RURAL and give township)
/ St.	Agnes Hospit	al	Baltimore	68-04
/	timore, Md.		D. STREET ADDRESS (If initial, give location	
7 4	ormoro, ma		903 Nottingham Rd.	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
F	Cauc.	Separated (specific	May 18, 1895 71	Monms Days Hours Min
		108, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	working life, even if retired) Saleslady	Epstein Dept. St	tere Maryland	USA
FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
Late	- Andrew Mann		Late - Caroline Seit	Z
Was Deceased	Ever in U. S. Armed Fore	ces?   1 6. SOCIAL SECURITY NO.	17. INFORMANT A. Meyd	ADDRESS
2,110 07 0111110 1111	, at yes, give war as asse	218-12-8521	1509 Hillside Dr., Be	lair, Md 21014
18,7	1 / 1	CAU	ISE OF DEATH	INTERVAL BETWEEN
	SE OR CONDITION DIR	ECTIV		ONSET AND DEATH
Dista	LEADING TO DEATH		auto mucacrdial inforation	minutes
(This does n	at mean the made at	dying, e.g., DUE TO	cute myocardial infarction	minutes
heart failure,	asthenia, etc. II means	the disease,		
, ,	nplication which caused	H	ASCVD	10 years
	ANTECEDENT CAUSES	(B) DUE TO		
	OR CONDITIONS, if			
	e abave cause (A)	stating the (C)	***************************************	
UNDERLTING	G CONDITION last.			
	11			
	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO THE		
DISEASE OR	CONDITION CAUSING I	тNС	one	
19A. DATE OF	OPERATION 198. CON WAS PERF	DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY	(e.g., in at about 21 C. WHERE DID (If in Balt	imate City, give exact location)
OR CONTRIBL	TING CAUSE OF medical examiner	home, form, foctory, streetc.)	eet, office bldg., INJURY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not	* While	
(APPROX.)			Work	
22. I certify	that (1) (this haspital	) ottended the deceosed from	January 31 19 67 to 1	fay 13, 19.67
		d alive on April 25		
that (I) (we)				
ond hour one	from the couses stat	red obove. (I) (We) (did) (did r	not) view the body ofter deoth.	
	from the couses stat	red obove. (I) (We) (did) (did r		23 B. DATE SIGNED

23D. ADDRESS

6630 Baltimere National Pike 21228

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24D. LOCATION (City, town, or county)

Baltimore, Md.

Sacred Heart of Jesus

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Witzke F. D. - 4101 Edmendson Ave.

ADDRESS

VS 150-REV. 1/1/65

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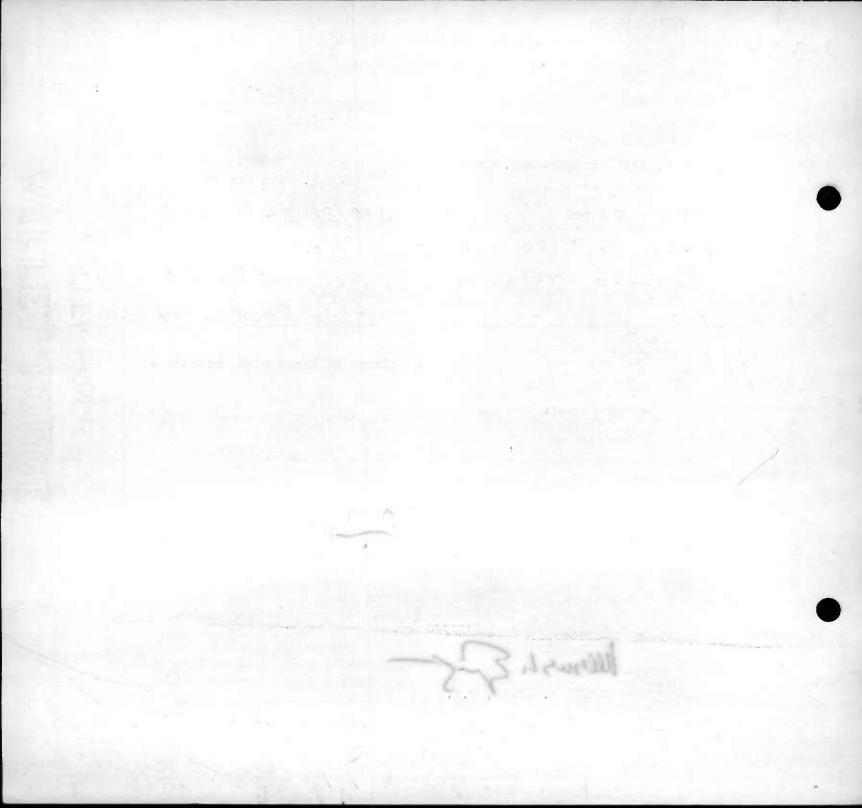
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BALTIMORE	CITY	HEALTH	DEPARTMENT
DALTIMORE	CILI	DEALID	DEPARTMENT

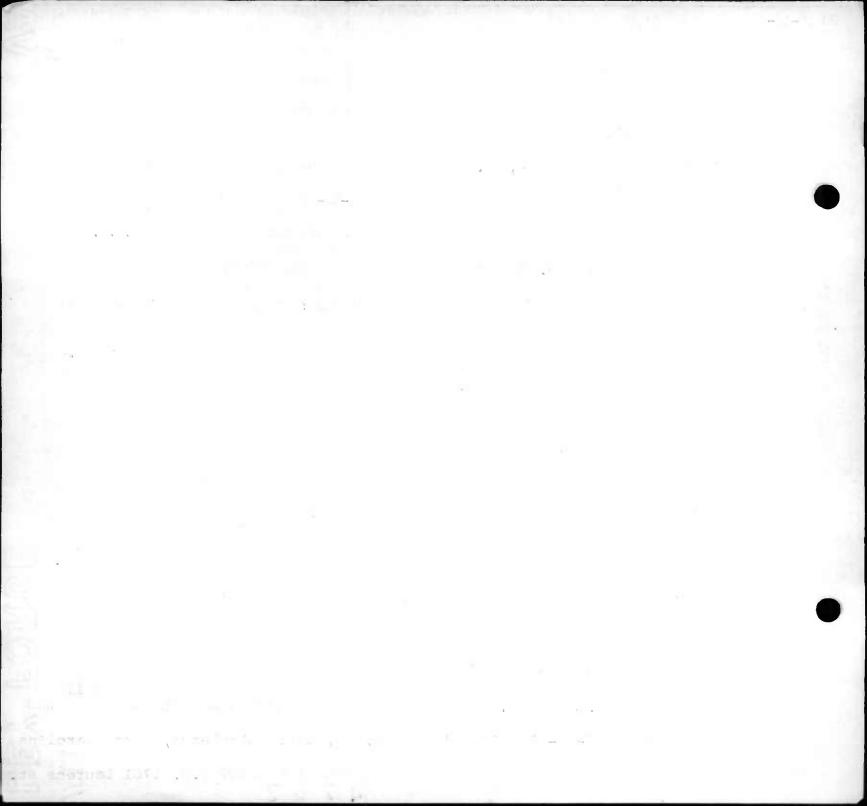
E CASE NO.	2. DATE AND HOUR PRONOUNCED DEAD
NAME OF DECEASED	
LORRELL GOODWIN	5-13-67 4:30 AM M
	A. STATE B. COUNTY
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE SPITAL OR ADDRESS OR LOCATION)	EET Maryland  C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
TITUTION	1205
302 E. 26th Street - Amb. Crew #3	D. STREET ADDRESS (If rurol, give locotion)
Jon H. Totil perece Timb Crew "	302 E. 26th Street
EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH / 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs
remale Colored WFUED in Do	ost birthdoy) Months, Doys Hours, Min.
USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR IN	RIEG IV JULIA
during most of working life, even the retired)	WHAT COUNTRY?
ATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guille & Goodwiel	MAPPARET BAILEN
AS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	17. INFORMANT/ ADDRESS
no arunknawn) (If yes, give wor or dotes of service) SECURITY NO.	
140	METEN MILEN LANDANTE
8. / ) O X ;	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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VS 151-REV. 1/1/65

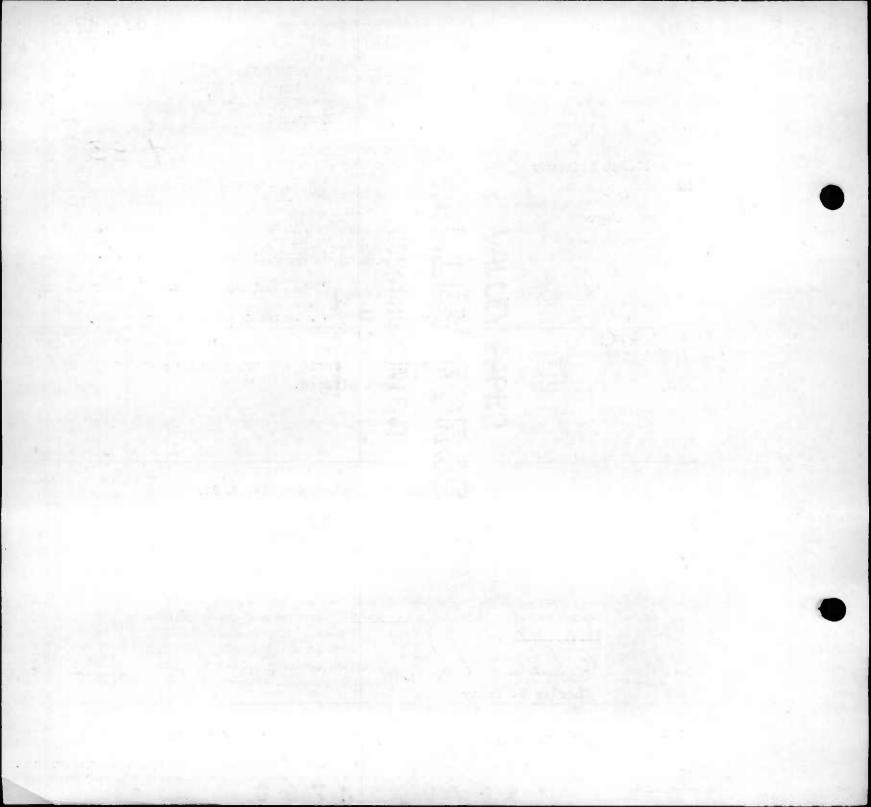


THE VENTION IS THE STORY

00 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) write RURAL and give township If Under 24 Hrs. #21224 INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) and that in (my) (are) apinion death accurred on the date #21224 M.D. BAITIMORE CITY HOSPITALS 4940 EASTERN AVENUE REMOVAL (Specify ritten Zion Hill Bapt. Ch. Cem. BURIAL 5-18-67 Littleton, North Carolina 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS \$ 0 MORTON & DYETT F.H. 1701 Laurens St. VS 150-REV. 1/1/65



Kelson Funeral Home 1348 Calhoun St.



VS 150-REV. 1/1/65

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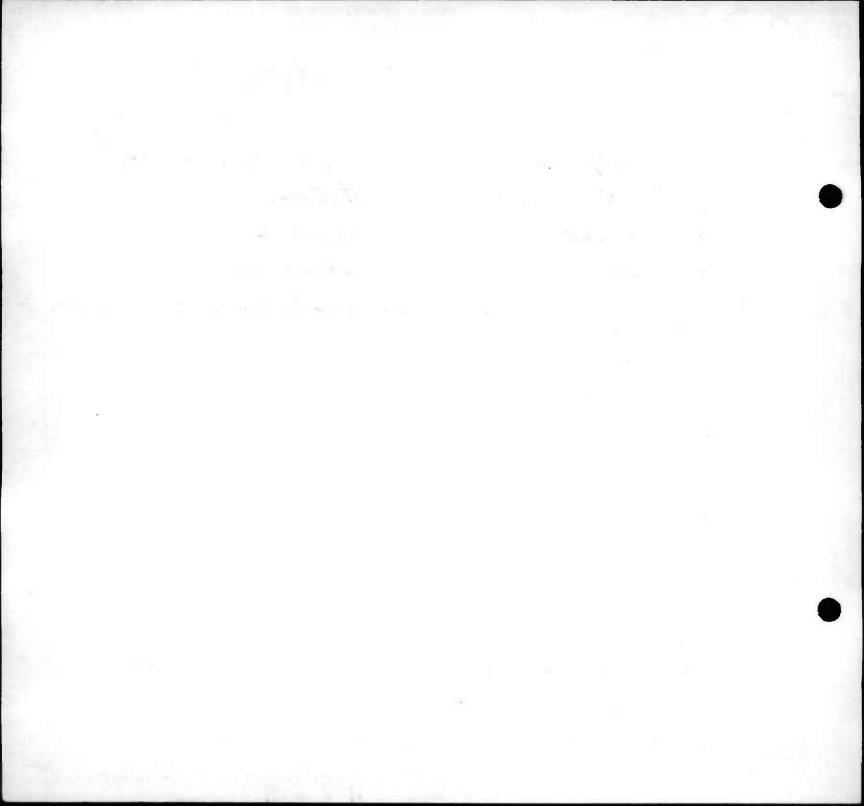
1	67 4761 BALTIMORE CITY HEALTH DEPARTMENT
C-536	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4701
000	M.E. CASE NO.  1. NAME OF DECEASED  IType or Print)  Emanuel CONTER  2. Date and hour pronounced dead  May 11, 1967 6:45 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore  D. STREET ADDRESS (If rurol, give locosion)  AND Maryland General Hospital (DOA) 320 N. Paca Street
	Maryland General Hospital (DOA) 320 N. Paca Street  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Months, Doys   Hours   Min.   Months   Month
	Male White Mariel 1993 73
	done during most of working lile, even if relired)  WHAT COUNTRY?  WHAT COUNTRY?
	Unknown Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL 17. INFORMANT ADDRESS ]
	(Yes, no or unknown), Ilf yes, give war or doles of service) SECURITY NO. 340-09.3649 Ida, Center 320N. Jacust
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	injury or complication which caused death.)  ANTECEIDENT CAUSES
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
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•	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion
	ACTUAL  ACTUAL
	SIGNATURE (May 12, 1967  EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER May 12, 1967  MAY 12, 1967
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS
	and a coop of the Talling the latter of Miles 1220h May

Marial 10/19/1893 Louityland Marken 342-57.349 lda Caster 3208. Jales St. Osmation 5/17/07 Ludan Took Gastimus IMPORTANT

FUNERAL DIRECTOR:

212-12-74334

Burial 5 / 12/27 Whater Man Dr. F. Witzman



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released

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of

An accident

GG 35-51-87 ]

3. PLACE OF DEATH IN BALTIMORE MARYLAND

address or location)

4940 EASTERN AVENUE

(If not in hospital or institution, give street

BALTIMORE CITY HOSPITAIS

I. NAME OF DECEASED

FULL NAME OF

HOSPITAL OR

INSTITUTION

13. F

MEDIC

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approval

written

death) hospital

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prior

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O. A. eceased (Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered	No	67	4764

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ſ	4. USUAL RESID	B. COUNTY		lived.	H	in stilution:	residence	before	odmission)
	MARY	LAND					6	-0	) /

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

131 D. STREET ADDRESS (If rurol, give location)

2. DATE AND HOUR OF DEATH

BALTIMORE 21224, MARYLAND 4940 EASTERN AVENUE #21224 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday) Hours FEMALE WHITE 12-19-12 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

TUUSEUJES	190.
ATHER'S NAME	14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.

RECORDS: BCH 4940 EASTERN AVENUE CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH min (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

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WAS PERFORMED IN CERTIFYING CAUSES OF DEATH CERTIF YES 21A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner)

21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work

22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the date

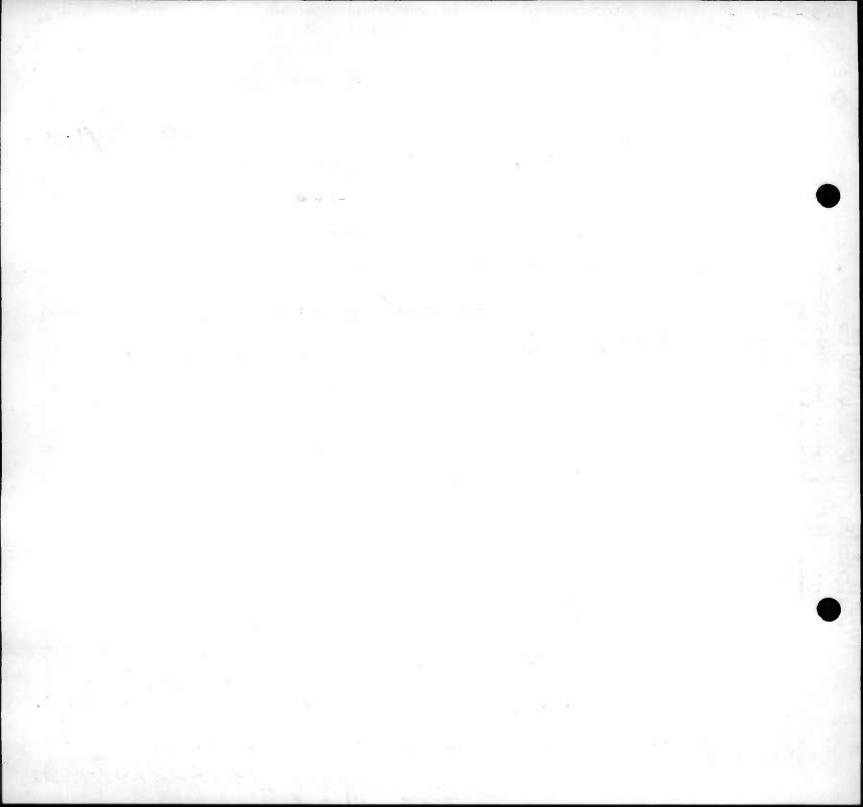
ond haur ond from the couses stoted obove. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE

23 B. DATE SIGNED Altending Phys. Med. Director Phys. 23C. PHYSICIAN'S BYATH TIVORTE 23 D. ADDRESS

_	RURIAL CREMATION		101	M.D.			AUMANA	BALT IMORE		MID.
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REMOVAL (Specify)

25C. FUNERAL DIRECTO V\$ 150-REV. 1/1/65



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1		H NO. 67 4765	CERTIFICA	TE OF DEATH	Registered No.	4700		
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	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	UMLOIL	4. USUAL RESIDENCE (Where A. STATE B. COUNT		: residence before odmission)		
	-	ULL NAME OF (If not in hospital or institution)	ion, give street	C. CITY OR TOWN (If outs	side city limits, wife RURAL	and give to waship!		
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approval		23C. PHYSICIAN'S NAME (Type) WM, G		23D. ADDRESS	At a Oct	Dott 24 N		
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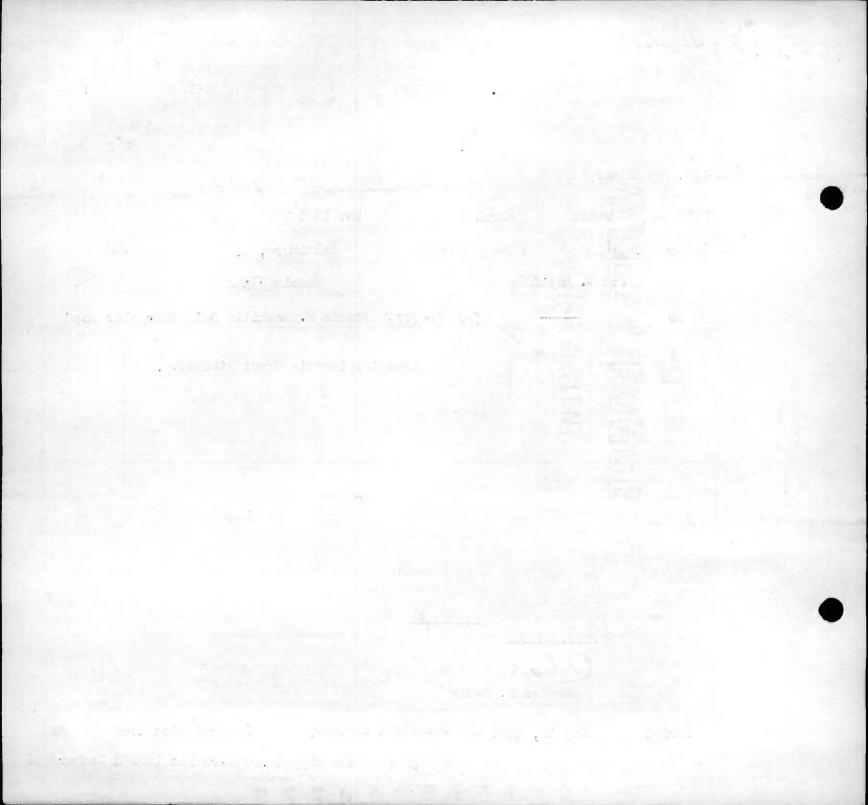
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St. Agnes Hospital  St. Ag	o alla co					
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CHIEF MEDICAL EXAMINER						
CHIEF MEDICAL EXAMINER						
	DATE SIGNED					
EVAMINED'S	5/15/67					
NAME (Type) Charles S. Petty						
A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town	, or county) (Stote)					
Burial May 18, 1967 New Cathedral Cemetery Old Frederick I	load Md					
A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS					
MAY 161967 Robert E. Farbuna The Dippel Brothers Inc 180	O T Tombons					



OPY APPOIN	BALTIMORE CITY	HEALTH L RTMENT		ney Aryon		
BIRTH NO. 67 4767 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	01 4/01		
T, NAME OF DECEASED (Type el Print) Floyd Eldri	doe		15-67	1 A M		
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FULL NAME OF ((I not in hospite) er institut HOSPITAL OR eddress er lecetion) INSTITUTION	HOSPITAL OR eddress er lecetion)			AL end give tewnship)		
Maryland General	Hespital	\	Sparrews Peir	nt) Balto. 21219		
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dene during most of working life, even if retired)		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Superviser Beth	. Steel Co.	Kentu	Ku	USA		
13. FATHER'S NAME Unknown		Unknown				
15. Was Deceased Ever in U. S. Armed Foices? (Yes, no el unknewn) (If yes, give wer el detes ef servi	16. SOCIAL SECURITY NO. 402-26-9967	Mrs. Mildred El	dridge	(Same)		
18.4.20.1		F DEATH	_	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	n	and id	0	1/1/18		
(This does not mean the mode of dying,	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which caused death.)		Jacobs	(1,7)		
			yocardial infaction			
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) (C)		pelena			
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)					
rise to the obove couse (A) stating UNDERLYING CONDITION lost.		9×00 0 × 0 × × 0 × × 0 0× 00 000 × 00 000 00				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	Yes et Ne	20B. IF YES, WERE FIN	DINGS CONSIDERED			
OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)	n er ebout 21C. WHERE DID ffice bldg., INJURY OCCUR?	((f in Boltimore C	ity, give exect lecetion)			
21D. TIME (Month) (Dey) (Year) (Hour)	21 F. HOW DID INJ	JRY OCCUR?				
(APPROX)						
22. I certify that (I) (this hospital) attend	ed the deceased fram	4-15	967 to	5-15 19:67		
that (1) (we) last saw the deceased alive	on S-(2	19 6 7 and the	at In(my) (aur) apinio	in death accurred on the date		
and haur and fram the causes stated abov	e. (() (We) (did (did nat)	view the bady after death.				
23A. SIGNATURE				B. DATE SIGNED		
pour . Commune	M.D. Aff		Stoff Phys.	5/15/67.		
23 C. PHYSICIAN'S NAME (Type)  John Conw	ay M.D.	23D. ADDRESS Mary.	land General	Hospital		
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 5/18/67.	Mt. Plesant Cer		Middletown, C	tewn, el ceunty) (Stete)		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AODRESS						
MAY 161967 P. A. S. Januar Leonard J. Ruck, Inc. Balto. Md. 21214						
VS 150-REV. 1/1/65						

Flore Little See STAW IN 12-4-11. 35 Realise Sep for the contract "myradid fatin 116 Kyestenson

Patient Trees Hamilton

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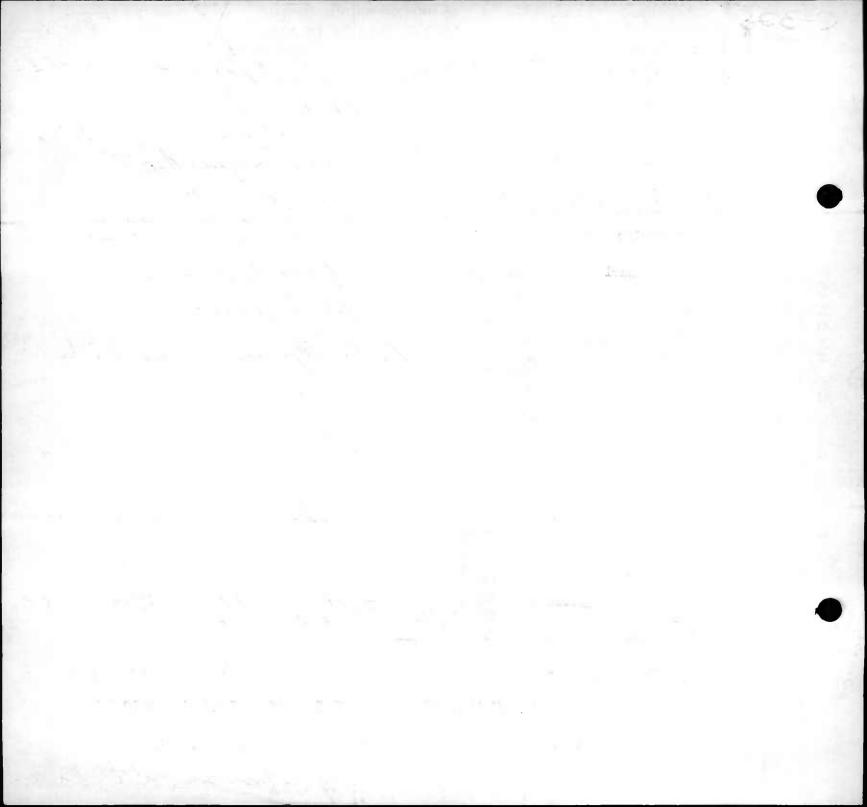
EXAMINER

BY MEDICAL

TO BE APPROVED

 Such

BALTIMORE CITY HEALTH DEPARTMENT 67 A						
	ыктн но. 67 4769	CERTIFICA	TE OF DEATH	Registered No.	4/63	
	M.E. CASE NO.  1. NAME OF DECEASED (Ivpe or Print)  Bailey	-		HOUR OF DEATH		
	De RNICE (	Atching	5	116/67	5-45 AM	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	d	A. STATE B. COUNT	deceosed lived. If institut Y	ion: residence belore admission)	
	FULL NAME OF ()f not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	on, give street	C. CITT OR TOWN, (If outs	ide city limits, write RURA	L and give township)	
	4	1/ //		WN	1-32	
	Orion Memorial	D. STREET ADDRESS (If rurol, give location)  ZO/Z LOGAN AVE				
	5. SEX 6. RACE 7. MARRI WIDO	WED, DIYORCED (specify)	3-26-82	AGE (In years of Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	
	IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	CITIZEN OF	
	done during most of working life, even if retired) Housewife		Kentuck	-	WHAT COUNTRY?	
	13. FATHER'S NAME	. /	14. MOTHER'S MAIDEN NAM	E		
	Earl So.	100	Losa 1	5550		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of services)	1 6. SOCIAL	17. INFORMANT	1 GOUMAN	ADDRESS	
	11.	SECURITY NO.	Patent 1	Lust		
	18. / 2 2 / 1	CAUSE OF	DEATH	4461	INTERVAL BETWEEN	
	DISEASE OF CONDITION DIRECTLY	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH	
	(This does not mean the made of dying, e	LEADING TO DEATH  (A) Houte Myorardial Lortardian Lortardian Lortardian				
	heart failure, asthenia, etc. It means the disea injury or complication which coused death.)					
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if ony, give	DUE TO				
		rise to the above couse (A) stating the (C)				
	II					
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUT					
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
				20B. IF YES, WERE FIND IN CERTIFYING CAUSES		
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in or about 12TC. WHERE DID home, form, factory, street, office bldg., etc.) (If in Boltimore City, give exact facotion)				
3   6	U OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
	(APPROX)	White At Not While At Work				
	22. I certify that (1) (this hospital) attended the deceased from 5/16 1967 to 5/16 1967.					
	that 💔 (we) lost saw the deceased alive a	on 5/16			death occurred on the dote	
	ond hour and from the causes stated above	. (4) (We) (did) (d <del>id=not)</del> vi	ew the body ofter deoth.			
	23A. SIGNATURE	/ / /	A	A .	DATE SIGNED	
	Letn Klaugh	M.D. Atten	Director P	hy s	5/16/67	
	230 PHYSICIAN'S NAME (Type)	. (/	THE UNION	/		
L	JOHN (R. \	SPITAL				
	REMOVAL (Specify)	NAME of CEMETERY OF CREA			wn, or county) (Stote)	
	Removal 5/16/1967	Woodside Cemete		dletown, Ohio		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BALLON, B					
	VS 150-REV. 1/1955	O C TOWN	um, ly	un sono ne	withar	



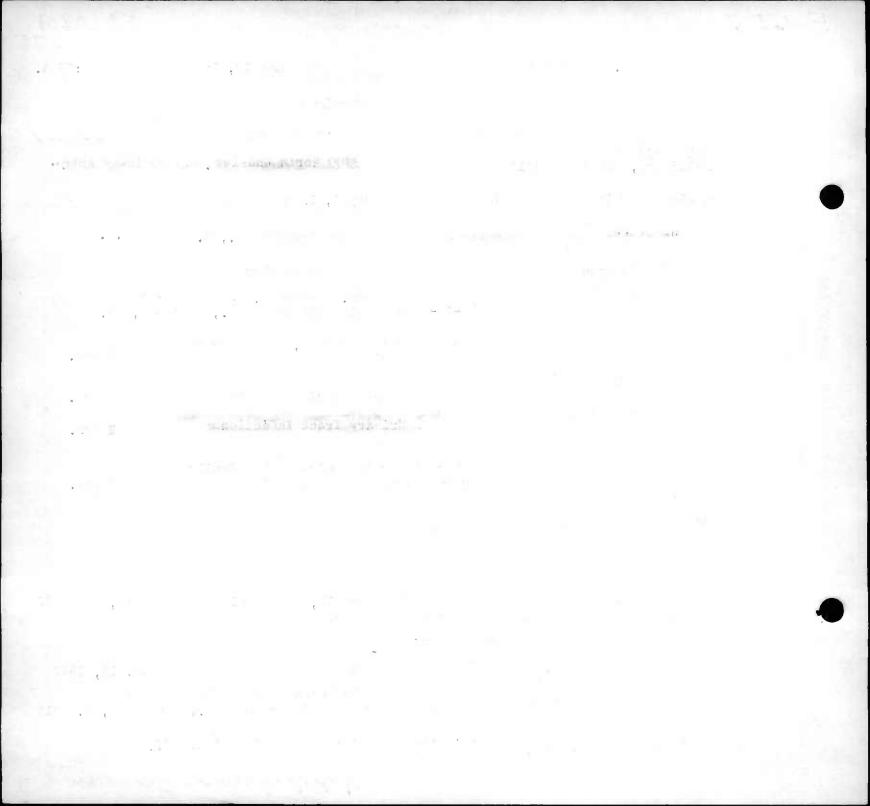
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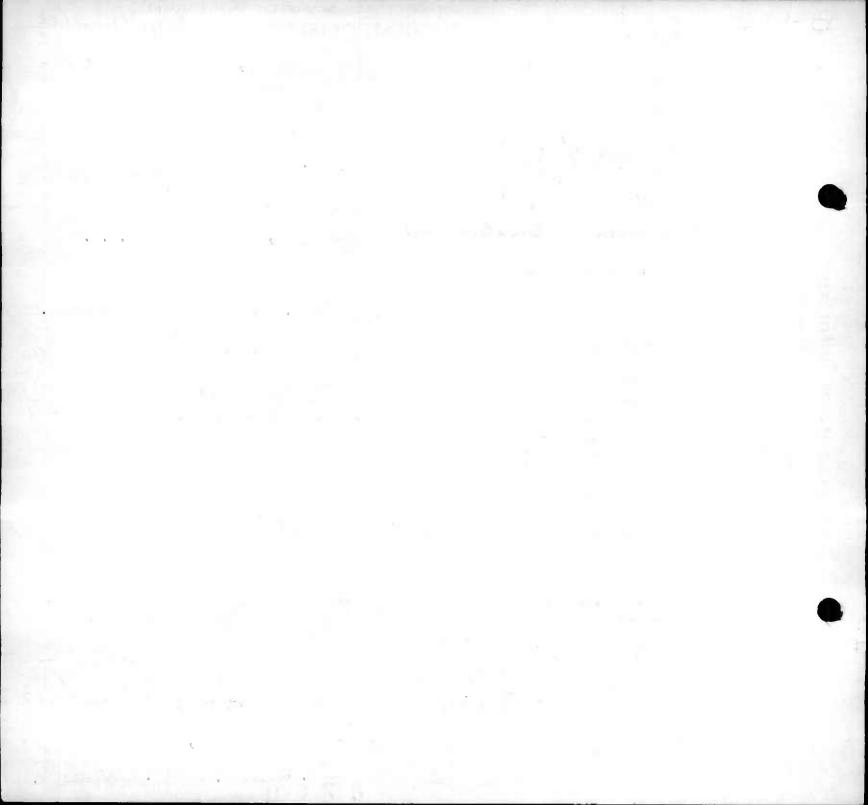
ting cause of death (deause; (5) Deceased and M.E. CASE NO. I. NAME OF DECEASED (Type or Print) Mrs. May Foreman hospital 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN INSTITUTION 0 The Seton Psychiatric Institute prior contributing 6420 Reisterstown Road Undetermined Baltimore, Maryland 21215 regular 8. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED deceased WIDOWED, DIVORCED (specify) Female White Widow May 1, 1880 done during most of working lite, even if retired) = **SDM** 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the 4 William Johnson death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. 69 No 212-10-5840 any pronounced attend DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH (A) disease fracture (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. Il means the disease, chief medical examiner ar injury of complication which caused death.) gul ANTECEDENT CAUSES ho 0 are 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above couse (A) stating the physician UNDERLYING CONDITION last. Was medical 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Brain Syndrome with psychosis physician Body CERTIFIC 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) nature; obtained (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 9 approved OF INJURY (except While At Not While (APPROX.) and Work At Work to the any May 17. 22. I certify that 🖈 (this haspital) attended the deceased fram... death); May 12 1967 that (N (we) last saw the deceased alive an..... of 0 and have and from the causes stated above. (We) (We) (did) (did) (did) view the body after death. the body was released must hospit accident 23A. SIGNATURE Attending 0 approval 0 23C. PHYSICIAN'S prior at NAME (Type) Raphael Nigrin 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CREMATORY eceased 0.0 REMOVAL ISpecify shows: Druid Ridge Cemetery Was 25C. FUNERAL DIRECTOR

4778 Registered Na. BIRTH NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH May 12, 1967 8:35 A. M. 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give locotion) 3700 North Charles St. Northway Apts . 9. AUE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months: Doys Hours lost birthdov) 87 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. Anne Arundel Co. Md. Laura Chanev ADDRESS Mr. Theodore F. Foreman (son) 3811 Canterbury Rd. Baltimore. INTERVAL BETWEEN ONSET AND DEATH Chronic Brain Syndrome, Senile brain (8) General Arteriosclerosis Urinary Tract Infection Chronic Brain Syndrome with Senile Vrs. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 61 May 12. and that in (My) (aur) apinian death accurred an the date 238. DATE SIGNED May 12, 1967 The Seton Psychiatric Institute 6420 Reisterstown Rd., Baltimore, Md. 21215 (City, town, or county)

BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV, 1/1/65

a. . Shorts of executive

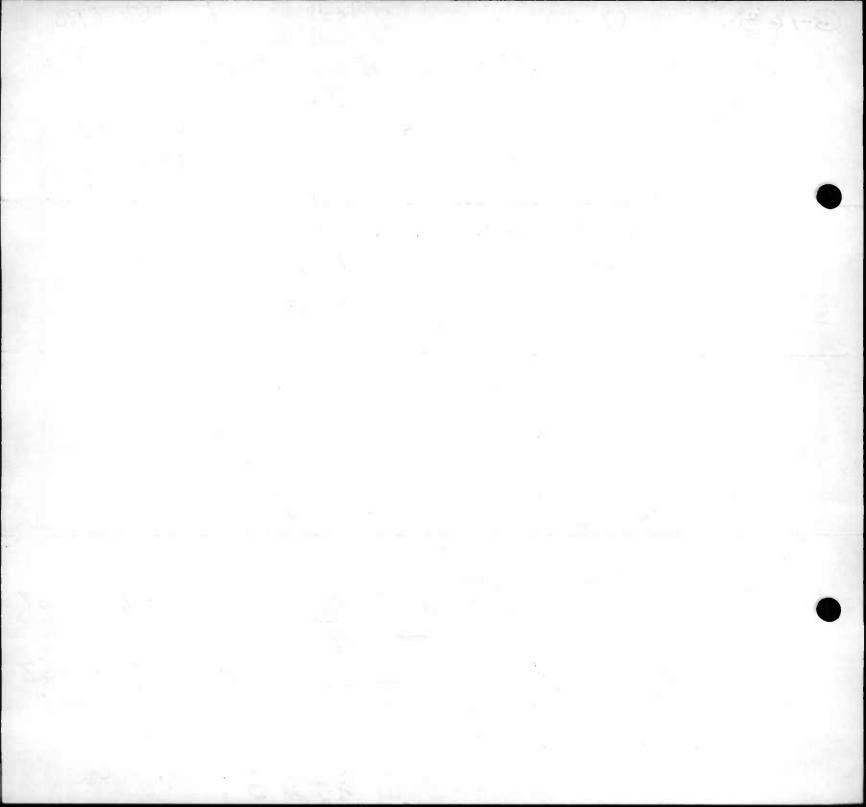
BIRTH NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

RTIFICATE OF DEATH

Registered Na. 4. USUAL RESIDENCE (Where deceosed fived. If institution; residence before odmission)
A. STAJE
B. COUNTY Baltimore (Il outside city limits, write RURAL and give township) If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (aur) apinlan death occurred an the date 23B. DATE SIGNED ADDRESS Sons, Towson, Maryland



4	-26	8
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	death or Unde	e dec
F	direct 7 (4)	in the
STAI	the kind deat	inal
IPOI	o, if fany nced	enda d or f
<u>×</u>	Als.	alme
FUNERAL DIRECTOR: IMPORTANT	mine riner fract	gula
REC.	exan 3) A n wh	in re
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ERA	med dy bu	cian
N	by a () Boc	shysic
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	hosp natu	(9) P
Q	o the any	); an e obt
	sed t	leath ust b
	relea accid	r to d
	was A at	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.
	certii body /s: (1) D.O.	ten a
	This the I show	dece

1		012	BALTIMORE CITY	HEALTH DEPARTMENT	67 4774
		H NO. 67 4774	CERTIFICA	TE OF DEATH Regi	stered No.
		CASE NO.	E. HAGER	2. DATE AND HOUR	OF DEATH 700
	Тур	e ar Print)	Mary	5/15/6	of DEATH 7 30 A M
	3. P	LACE OF DEATH IN BALTMORE MARYLAND	8	4. USUAL RESIDENCE (Where decros	ed fived. If institution residence before admission)
		V ,		A. STATE B. COUNTY	red .
	Н	ULL NAME OF (If not in haspital at institution oddiess of location)	1/	C. CITY OR TOWN All outside city	limits, write RURAL and give township)
	1	MITUTION Hopkins	Hospital	Ba Oliman	0 31
	2	former No	1	D. STREET ADDRESS (If parol, give	To ation)
o 1	/	33		2036-6.0	ratt st
0	S. S		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH. 9. AGE (	In years If Under 3 Yr. If Under 24 His. Months; Days Hours; Min.
E	t		Forces 1	4/23/10 5	North Super Hours
5 1		USUAL OCCUPATION (Give kind of work 10B, KIND		11. SIRTHPLACE (Stote or foreign cannt	
disposition	done	during most of working life, even if retired)  Housewife  Owl	n Home	Washington, D. C.	WHAT COUNTRY?
SIT	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
od		Edwin S. Hager	1	Effie Milburn	P
<u> </u>	IS V	Vas Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
<u> </u>	Yes	no or unknown) (If yes, give wor or dotes of service)	e) SECURITY NO.		
Linai	]	No	214-05-2625	Leroy Hager, 10 Ch	arch Road, Brandywine, Md.
0		18. 260 X I	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
0		DISEASE OR CONDITION DIRECTLY	D	1/0,001	0 10
E		LEADING TO DEATH (This does not mean the made of dying, e	(A) DUE TO	weres vielling	5 (Ce. 10 years
8		heart failure, asthema, etc. It means the disea		1 - 1	
em p		injury at camplication which caused death.)	Re	nal tarling	Ca week
		ANTECEDENT CAUSES	DUE TO		
are		DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating			
		UNDERLYING CONDITION last,	(4)		
remains		11			
E	ON ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO			
9	AT	DISEASE OR CONDITION CAUSING IT.			
the	IFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
ore	CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY(e.g., in	ON OPPUBLIC WHERE DID	If in Boltimore City, give exact location)
befo	_	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, of	ffice bldg. INJURY OCCUR?	in in bolimbre Chy, give exoct location
	$\subseteq$				
ained		OF INJURY (Month) (Doy) (Yeo) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
<u> </u>	<	(APPROX.)	While At Not While At Work		
d		22. I certify that (1) (this hospital) attende	d the deceased from	3/10 1961	10 ) 1) 1967.
0		that (1) (we) lost sow the deceased alive of		19 ond that In m	) (our) opinion death accurred on the date
9		and hour and from the quises stated above	(I) (We) (did (did not) y		
must		23A. SIGNATURE			23B. DATE SIGNED
		X a carea V h		ending Med. Stoff Phys.	1 11160
٥		23C. PHYSICIAN'S	Phy Phy	s. Director Phy s. 23D. ADDRESS	3/2/0/
0		NAME (Type) SHERRARD L. H	AYES'		
approval	246	BURIAL CREMATION, 248, DATE 246	NAME OF CEMETERY OF CRI	JOHNS HOPKINS HO	
		REMOVAL (Specify)	WALLE OF CENTELEKT OF CK	Z4D. LOCATION	(City, town, or county) (State)
ritten		Burial 5-17-1967	Mt. Carmel		re, Maryland
E	25A	20010 0 0 0000 0	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
}		MAY 161967 R.C.	JE & STONEOUTH	Lilly & Zeiler In	c. 1901-07 Eastern Ave.
- 1	VS	150-REV. 1/1/65	-	4 1 0 0	

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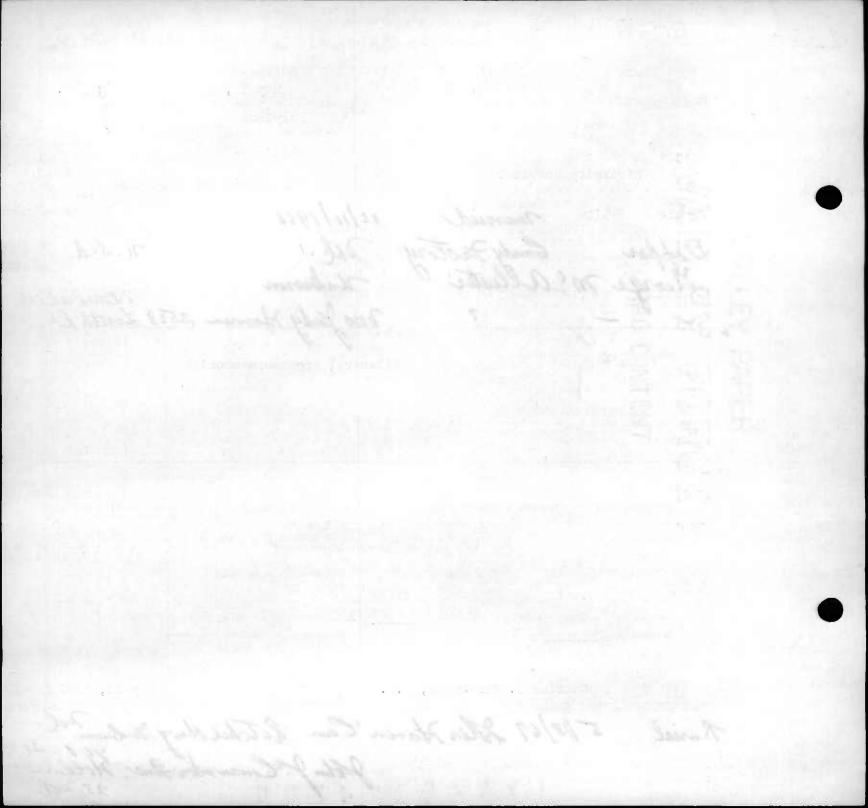
1. NAME OF DECI	EASED WILL	IAM W	MORI	RIS	2. DATE AND HOUR			14 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence A. STATE B. COUNTY								
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	(NOITA	ION, GIVE STREET		WN (If autside carpara  ltimore	ite limits, write R	URAL and give	wnship)
33	ch Home and			83	ORESS (If roral, give loc 9 N. Eutaw S	Street		
Male	White	Marri		March 2	. 1922	45	If Under 1 Yr. If Manths Days I	Under 24 Hrs. laurs Min.
	orking tife, even if retired)		BUSINESS OR INDUSTRY		s. Virginia	y)	12. CITIZEN OF WHAT COUN	TRY?
13. FATHER'S NAMI	Worth A. N	forris			F. James			
15. WAS DECEASED (Yes, no or unknown).	Tever in U.S. ARME (If yes, give war ar da' 1-26-43 2-	tes of service) -10-46	6. SO CIAL SECURITY NO. 225-14-2411	17. INFORMANT ADDRESS				Virgini
(This does in heart foilure, injury or com  AI  DISEASES CO RISE TO THE UN DERLYIN  O  OTHER SIGN TO THE	E OR CONDITION DE LEADING TO DEAT of meon the mode of costnerio, etc. If meor optication which caused on technique of the conditions, is above cause (A) G CONDITION LAST	H  of dying, e.g., s the disease, I death.)  ES  ANY, GIVING STATING THE  .  S CONTRIBUTIN	(A) Carbor DUE TO  (B) DUE TO  (C).	OF DEATH	e Intoxicati	on.		AL BETWEEN AND DEATH
DISEASE OR  194. DATE OF  194. DATE OF  21 A. EXTERNAL  UNDERLYING SE  UNING CAUS  21 D TIME  OF INJURY	CONDITION CAUSIN OPERATION 198, CO WAS PE CAUSE WAS OR CONTRIB- SE OF DEATH.  (Manth) (Day) (Ye	PROTITION FOR WREFORMED    21 B. Phame, etc.)	HICH OPERATION  LACE OF INJURY (e.g., farm, factory, street, the street of the street	No in ar obaul 21C. affice bldg., INJUI	where DID (If in Boler OCCUR? L925 E. Prat	nfying causes  timare City, give  t Street	S OF DEATH?	. N
	ify that I held on red from: Noturol c	Inquiry	Inspection X Autoridant Suicid	topsy On One Homic	House fire and that on this basis side Undeter MEDICAL EXAMINE MEDICAL EXAMINE MEDICAL EXAMINE	mined monner		E SIGNED
23A, BURIAL CREA REMOVAL (Specify)	MATION, 238 DATE	23C	. NAME OF CEMETERY		23D. LOCATIO		own, or county)	(Stote)
	5-16-	1967	Baltimore Na of REGISTRAR  Salaman	tional 24C. FUNE	Baltime RAL DIRECTOR	ore, Mary		

VS 151-REV. 1/1/65 N968.9670004781

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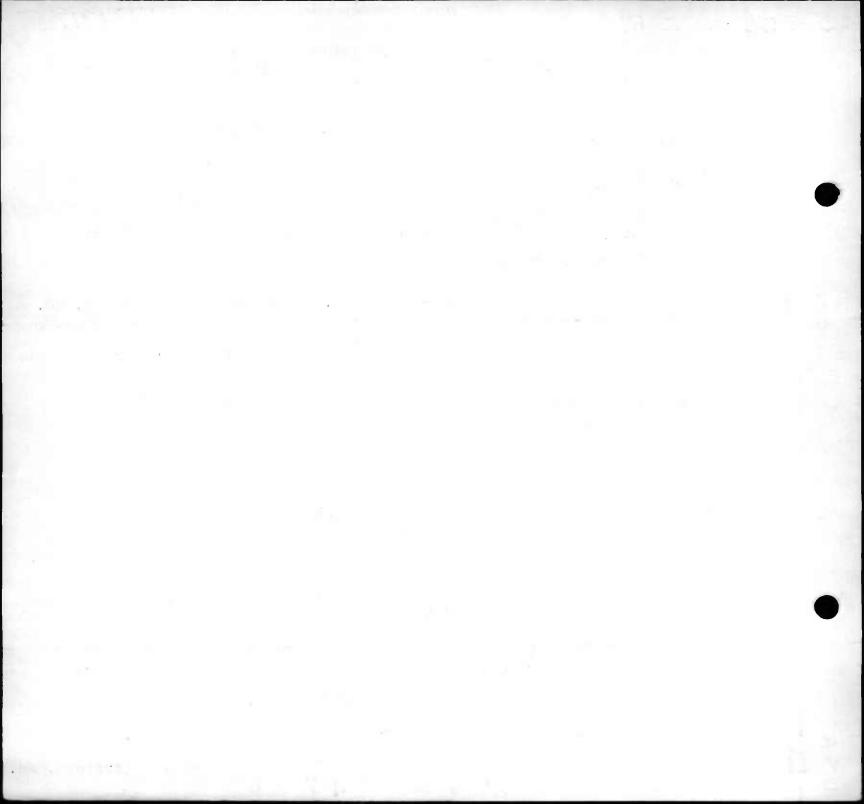
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67. 477	MEDICAL EXAMINER'S (		DEATH Registered N	7 4776
M.E. CASE NO.				
NAME OF DECEASED	М.	2. DATE AN	D HOUR PRONOUNCED DE	AD
Type of Third	ROSE LEWIS	May	12, 1967	2:05 P. M.
. PLACE IN BALTIMORE, A	MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	B COLINITY	residence befare admission)
ULL NAME OF (IF N	OT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryla	ind	
OSPITAL OR ADD	RESS OR LOCATION)	C. CITY OR TOWN (If outsid	e carporate limits, write RURA	AL and give township)
50		Baltim		4-02
Unive:	rsity Hospital	D. STREET ADDRESS (If rurol,	give location)	
			shington Boule	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	lost birthdoy) Mar	Inder 1 Yr. If Under 24 Hrs. https://Doys.j. Hours.j. Min.
	hite married	10/10/1908	58	
DA, USUAL OCCUPATION (  one during-mostral yearking life	Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreig		CITIZEN OF WHAT COUNTRY?
H . / Han	Gandy Tastory	Mil.		H.S.A.
B. FATHER NAME	- a a Blo + d	14. MOTHERS MAIDEN NAM	E	
Heorge	m aclister	Unknown		1
es, no or unknown of yes, g	N U.S. ARMED FORCES?    ive war ar dates of service)   16. SO CIAL   SECURITY NO.	17. INFORMANT	ADD	DRESS Dungal R M
_	7	Dura Kudu It	erman 3508	Louth Pd
18. / 9 / V	CAU	SE OF DEATH		INTERVAL BETWEEN
DISEASE OR C	NOTION DIRECTLY			ONSET AND DEATH
LEADIN	G TO DEATH	Bilateral bronchop	neumonia	
heart failure, asthenia,	the mode of dying, e.g., etc. It means the disease,	-4=0 pa=0===0= 0= 0= 0= 0= 0= 0= 0= 0= == 1		
injury or complication	which coused deoth.)			
ANTECED	ENT - CAUSES			
	DITIONS, IF ANY, GIVING DUE TO			
UNDERLYING CON	DITION LAST.			
5	(C)			
OTHER SIGNIFICANT	II CONDITIONS CONTRIBUTING			
TO THE DEATH	BUT NOT RELATED TO THE			
TO THE DEATH DISEASE OF CONDITION 19A. DATE OF OPERATI		20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FINDING	GS CONSIDERED
2	WAS PERFORMED	Yes	IN CERTIFYING CAUSES OF	F DEATH?
21A. EXTERNAL CAUSE	WAS 218. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	(If in Baltimare City, give exc	act location)
UNDERLYING OR CON	ITRIB- EATH.   hame, fam, factory, street, etc.)	office bldg., INJURY OCCUR?		
21 D TIME (Month)	(Day) (Year) (Haur) 21E. INJURY OCCURRED	21F, HOW DID INJU	IRV OCCUR?	
OF INJURY	1	T WHILE	DRI OCCOR:	
	m. WHILE AT NOT	WORK		
22. I certify that	I held on Inquiry Inspection A	ond that on th	is bosis, deoth In my opi	inion
			Undetermined monner	
TOSOTICO ITOM	CA A C	CHIEF MEDICAL EX		
ACTUAL /				DATE SIGNED
SIGNATURE		D. ASSISTANT MEDICAL EX		
EXAMINER'S NAME (Type)	Charles S. Springate, M.	D. ASSOCIATE MEDICAL EX	XAMINER Ma	ay 12, 1967
A. BURIAL CREMATION,	23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City, town,	or county) (State)
ROVAL (Specify)	5/18/67 91/2026	en Com Pi	Takin Hums	AR R. Mel.
AA. DATE REC'D BY HEAL	TH DEPT. 248, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR	une Awy 1	ADDRESS .
MAY 1	61967 Police & E. Farley M. R.	010000	000	901
		John J. C.	owan son In	c. Hollins
151-REV. 1/1/65	196760	1 1 1 0 5	3	93 mg

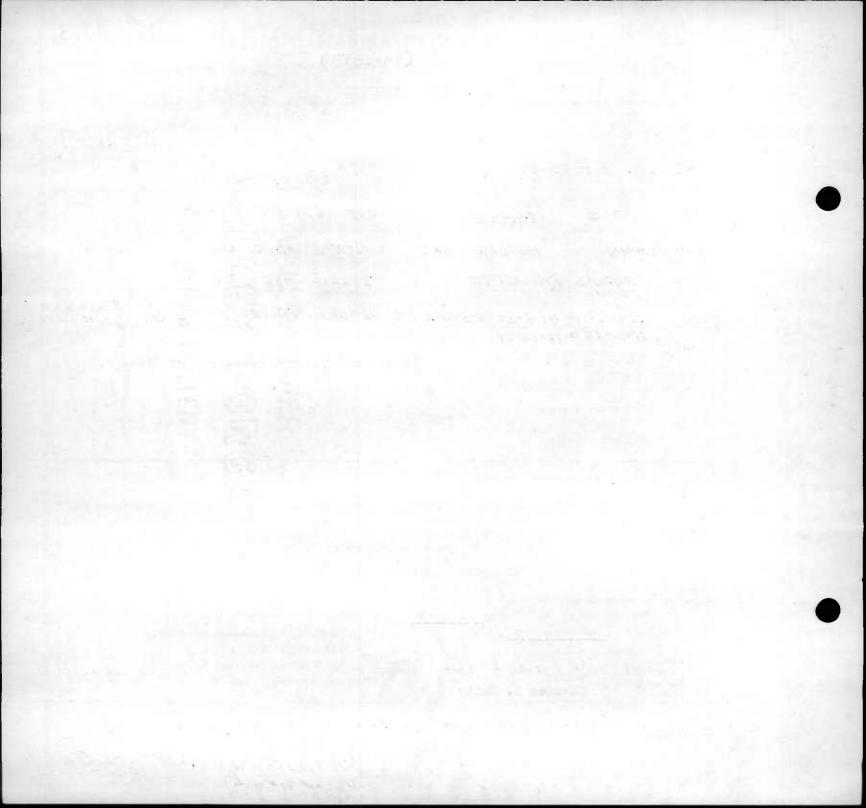


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death(N)
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasedry
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

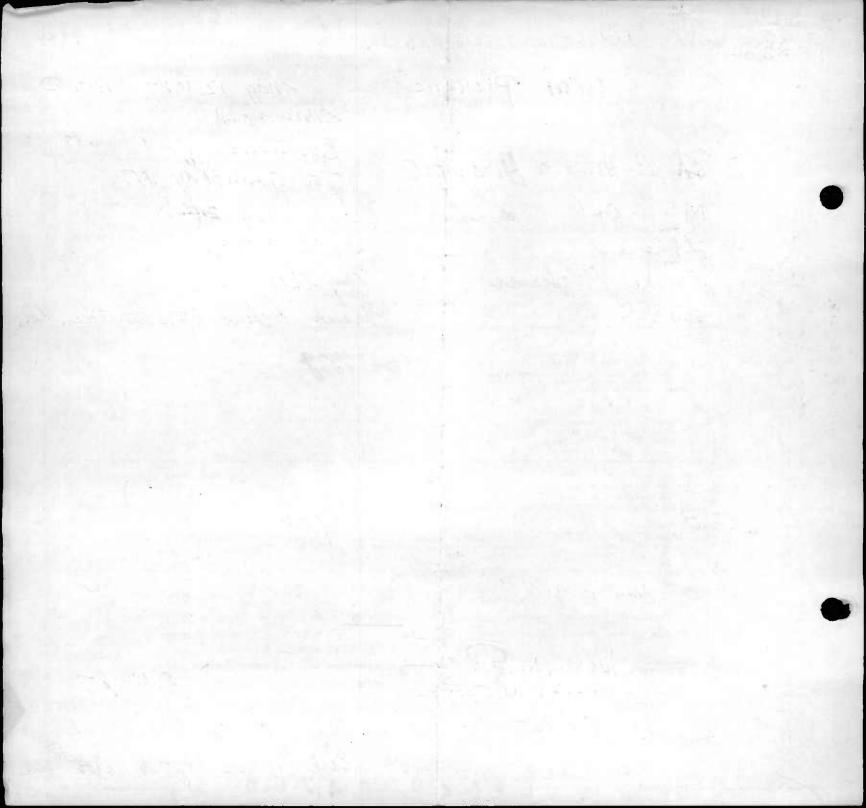
		OP Amount	BALTIMORE CITY	HEALTH DEPARTMENT		67 197
	TH NO. E. CASE NO.	67 4777		TE OF DEATH	Registered No.	01 4///
1. N	De or Print)	GILISERT	John Gilber	t Stine 2. DATE AN	D HOUR OF DEATH	1732 P M
3. 1	PLACE OF DEA	TH IN BALTIMORE, MARYL	LAND	4. USUAL RESIDENCE (When	e deceesed lived. If in	stitution: residence befere edmissien)
1	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospitel er eddress er locetien)	institution, grve street	MD.	Washi	ngton()
	_	v. MD. Hose	1 Nove It 2	ARCEBS	Nh'O	71-03
3	8 9141	V. 110. 14051		1012	urel, give lecotion) Why Rd.	
5. \$	SEX M	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Menths Deys Heurs Min.
		working life, even if retired)	VENDING HARAINE	11. BIRTHPLACE (State or fereing)  MARYLAN		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	AE		14. MOTHER'S MAIDEN NAM		
		20AN D. 24	1 12 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		C. MUNS	501
		(If yes, give wer er detes		17. INFORMANT		ADDRESS
	no		214-09-7888	Mrs. Nellie	Stine, Ha	agerstown, Md.
	18. DISEAS	4 31	CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A)	ACUTE LE	UKEMIA	
		at mean the made of dy asthenia, etc. It means th	ying, e.g., DUE TO			
	injury or com	plication which coused de	anth 1	JAIMASSASTV	HEMADO	A CT
		ANTECEDENT CAUSES	DUE TO	1 1010-10-134/146	NEIDICK	
	rise to the	OR CONDITIONS, if any obove couse (A) st				
	UNDERLYING	CONDITION last.				
TION	TO THE D	II FICANT CONDITIONS COP EATH BUT NOT RELATE CONDITION CAUSING IT.				
CERTIFICATION	19A. DATE OF		TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er No.	208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIBU	IT WAS UNDERLYING DING CAUSE OF	218. PLACE OF INJURY (e.g., in heme, ferm, factery, street, of etc.)	er ebout 21C. WHERE DID	(If in Beltimere	e City, give exoct lecetien)
MEDI	21 D. TIME OF INJURY	(Menth) (Dey) (Yeer) (	(Heur) 21E INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
Σ	(APPROX.)		While At Werk Net While At Werk			
	22. I certify	that (1) (this haspital) a	ottended the deceased from	MAY	9 67 10	7AY 12 1967
	that (I) (we)	lost sow the deceased	olive on 11AV 12	19	nt in(my) (our) opi	nian death occurred on the date
	and hour and	from the couses stated	d abave. (1) (We) (did) (did not) v			
	23A. SIGNATU	RE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1001		s. u _ /	23 B. DATE SIGNED
		William .		. Director	Staff Phys.	5/12/67
	NAME (T	MILLIAM	H. BARKER M.D.	INIV. HOSPI	TAL TERI	MADE MA
244	REMOVAL CELL DUTIAL	MATION, 248. DATE Specify) 5-15-67	7 Rest Haven Co	MATORY 24D. LC	CATION (C)	
25 4			SE NAME OF REGISTRAR DELINAR	25C, FUNERAL DIRECTOR		ADDRESS Hage stown, Md
		20 1001	IPOCETY - 1 AGONAL.	7 7 0	Lar Home,	magerssown, Md
V 5	150-REV. 1/1/6	5	70/0	3 / 0 (	2	



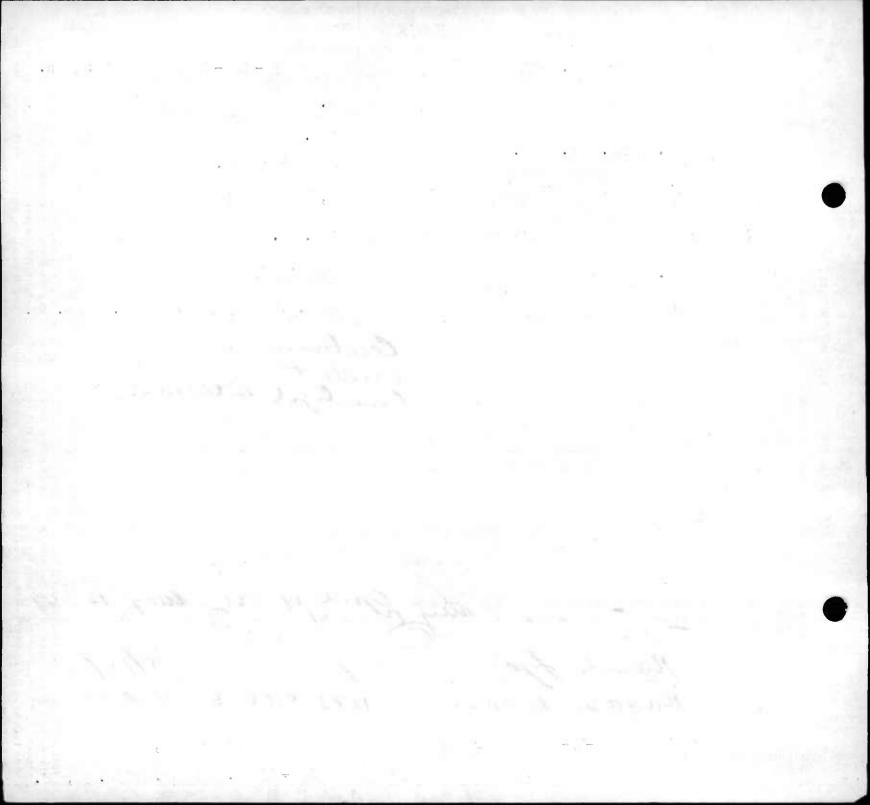
67 4778		BALTIMORE CITY HEAL	TH DEPARTMENT	Т		CD Ammo
BIRTH NO. MEDI	CAL EX	(AMINER'S CI	RTIFICAT	E OF D	EATH Registe	red Na. 4//8
M.E. CASE NO.			WETT)			
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD
STEPHEN		T. PRI	VETTE	May	15, 1967	6:55 A M.
3. PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONO	UNCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived, If insti B. COU	itution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	L OR INSTIT	JTION, GIVE STREET		yland N (If outside	corporate limits, write	RURAL and give to vnship)
			Ba1	timore		1-01
1931 E. Pratt Stre	eet		D. STREET ADDR	ESS (If rurol,	give location)	
00			193	1 E. Pr	att Street	
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specily)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White	MARR		MAR. 28,	1404	58	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
SALESMAN	AUTON	MOBILES	NORTH	CARO	LINA	4.5.17
13. FATHER'S NAME			14. MOTHER'S MA			
JOHN THOMAS PA	PIVET	TE	ZILLIE	HOBE	5000	
15. WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
Ves 12-31-27 To 4.			ALMA K.	PRIVE	11/4	CK. BALTO 21200
18-20 1 12-21-24 10 12.	- /	1	OF DEATH		nri	INTERVAL BETWEEN
TY OK OK !		0,1002	01 527111			ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	Arte:	riosclerot	ic Card	liovascular	Disease.
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO				***************************************
injury or complication which coused d	le oth.)					A A A STATE OF
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF AL	NY, GIVING	DUE TO				
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE					
NO.		(C)				
OTHER SIGNIFICANT CONDITIONS (IN TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING TO A DATE OF OPERATION 1988, CONDITION CAUSING TO A DATE OF OPERATION CAUSING TO A DATE OF OPERA	CONTRIBILITI	NG				
TO THE DEATH BUT NOT REL	ATED TO 1					
DISEASE OR CONDITION CAUSING	The second secon	WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	208. IF YES. WERE FIL	NDINGS CONSIDERED
WAS PERF			No		IN CERTIFYING CAU	
V 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218,	PLACE OF INJURY (e.g.,	n or obout 21C. W	HERE DID	f in Boltimore City, gi	ve exact location)
UNDERLYING OR CONTRIB-	etc.)	e, form, foctory, street, o	tuce pidg., INJUKT	OCCUR?		
1210 1111 (1710)	(Hour) 2	TE. INJURY OCCURRED	21 F. HO	M DID INTO	RY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE			
22.		VORK AT W	Π.			
I certify that I held an In			opsy and	that an this	s basis, death in n	ny apinlan
resulted fram: Natural cou	ses X	Accident Suicide	Homicid	le U	ndetermined manne	er
ACTUAL O	. /	//-			AMINER	DATE SIGNED
ACTUAL SIGNATURE	alles!	1 sely M.D.	ASSISTANT ME	DICAL EX	AMINER X	
EXAMINER'S Chamle	00 C D	ottr	ASSOCIATE ME	EDICAL EX	AMINER	5/15/67
TOTALE (Type)	es S. P			lean .		
23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)	23	C. NAME of CEMETERY o		230. [0	OCATION (City,	, lown, or county) (State)
BURIAL MAY 13	8,67 1	BALTO. NATIO	ONAL CE	17. BI	PLTIMORE	Mb.
24A. DATE REC'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERA	L DIRECTOR	,	ADDRESS
MAY 161967	00	B. S. Fr. Owner	WM.FI	ALKOU	15K1 20	07 EASTERN AUC BACTO. 21231
VS 151-REV. 1/1/65	1 0	6700	allem 3	racking.	·Vsi	



VS 151-REV. 1/1/65



			BALTIMORE CITY	HEALTH DEPARTMENT		CT AMOUNT
BIRTH NO.	67 478	30	CERTIFICA	TE OF DEATH	Registered No	07 4/80
M.E. CASE NO.	CEASED				AND HOUR OF DEATH	н
Type or Print)	Theresa B. N	רוסו			- 14 - 1967	1 20.00
PLACE OF D	EATH IN BALTIMORE, MA			14. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admission
				A. STATE B. CO	UNTY	
FULL NAME	OF (If not in hospital R address or location	or institution,	give street	Md.	1	Bilbal
INSTITUTION					outside city limits, write	RURAL and give lowpship)
130	D 71 0 7			Balto. D. STREET ADDRESS	(If rurol, give location)	6700
7 0 50.	Balto. Gen. H	iosp.		1140 Batte		
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
		WIDOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Female	White	Widowe		July 9, 1891	(5	12. CITIZEN OF
	of working life, even if retired)	A TOB. KIND OF	BOSINESS OK HADOSIKI	II. BIRTHFUNCE (STORE OF	oreign country)	WHAT COUNTRY?
Presse	r	Pilgra	m Laundry	Balto. Md.		USA
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	
Illen				Eva Kimm	٦.	
Ukn e	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	CT	ADDRESS
	wn) (If yes, give wor or dot	es of service)	SECURITY NO.	P.T. 9 M ON .	11 700	ADDRESS 21223
No					th 1327 Sar	gent St. Balto. Md.
18. 3	3 / XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH			on tru- Uc	scula.	
(This does	not mean the mode of		(A)			~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heoil foilui	e, osthenio, etc. Il meons	the diseose,	6	crident		
injuly of c	omplication which coused		100	0' 0	anteriors	chos
	ANTECEDENT CAUSES	5	DUE TO	entro-va exident mendijal		
	OR CONDITIONS, if the obove couse (A)					
	NG CONDITION lost,	stolling the	(C)			
	11					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	G			
DISEASE O	DEATH BUT NOT REL		E			
OTHER SIGNOTHER	OF OPERATION 198. CON	NOTION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0	WAS FE	TORNIED			III CERIITING C	AUSES OF DEATH:
OF CONTR	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimo	ore City, give exact location)
DEATH (not	ify medical examiner	etc.		ince biogi, intoki occok		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
21 D. TIME OF INJURY (APPROX.)	•	Wh	ile At Not Whil			
(APPROX)		Wo	rk			p
22. I certi	fy that (1) (this hospita	i) ottended t	he deceased from	mr 14	19 67 10	May 12 1967
that (I) (w	e) last sow the deceas	ed alive on	may pr	19 6/ and	that in (my) (our) of	pinion death occurred on the do
and hour o	and from the couses sto	ited above. (	(We) (did) (did not)	iew the body after deat	th.	
23A. SIGNA		0				23B. DATE SIGNED
11	ica la	Fras	M.D. Atte	ending Med.	Stoff	5/15/17
23C BUYELO	TANES		Phy	s. Director	Phys.	11-10/
23C. PHYSIC	(Type)	6076	D/4 M.D.	1228 85	Chal.	St. a. 1k. 30 pl
4A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D	LOCATION (	City, town, or county) (Stote)
Buria		7 000	on Uill Comet	277	Doll+iman (	25
	1 5-17-67		ar Hill Cemeto	25C. FUNERAL DIRECT		ADDRESS
	MAY 171967		5 E tarber MA			
fe 1 00 0017 1 7		10000	, 4, 40,000, 44		LOU D.FOTT AT	ve. Balto. 30, Md.
VS 150-REV. 1/	1/03	in the	1 18 13 0	4 7 0 6	3	



E. CASE NO.	
Sohn J. Weaver	St. 2. Date and Hour Pronounced Dead 930 4
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE 100
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN If outside corporate limits, write RURAL and give township)
)01008 Boyd St.	D. STREET ADDRESS (If rurol, give location)  1008 BOYC Street
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  J. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.   Months, Doys   Hours   Min.
White MARRIED	FEB. 28-1893 74
N. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
1155/CN WORKER SCCIAL WORK	14. MOTHER'S MAIDEN NAME
WEAVER	UNKOWEN
WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown), (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
219-10-7867	SADIET WEAVER 1008 BOYD ST.
18. 114.3 X 1 CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, ostherno, etc., It means the disease,	Hypertensive Cardio Vasafar disease
heart failure, asthemia, etc. It means the disease, injury or complication which coused death.)	Hypertensive Carlo
ANTECEDENT CAUSES	Verselax disease
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	Volume of the second
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., UNDERLYING OR CONTRIB-	in or obout 21C, WHERE DID (If in Boltimore City, give exoct location)
UTING CAUSE OF DEATH.	office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE
22.	utopsy ond that on this basis, death in my opinion
	de Homicide Undetermined monner
TOURIST COURSE ACCIONATION OF THE PARTY OF T	CHIEF MEDICAL EXAMINER
ACTUAL MELSONE DE CONTINUE	D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.I	ASSOCIATE MEDICAL EXAMINER 5,14,67
NAME (Type) WELLET "U, Spit"	2_
A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
	ILL CEM. RITCHIE HWY., MARYLAND
A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
MAY 17 1967 Robert E. Farbeyn	24C. FUNERAL DIRECTOR ADDRESS PRATTY WALTERS FUNERAL HOME STRICKERST.
151-REV. 1/1/65	mrs

4781

ateroseleretre and Hypertenorue Cantro Varadar direnne

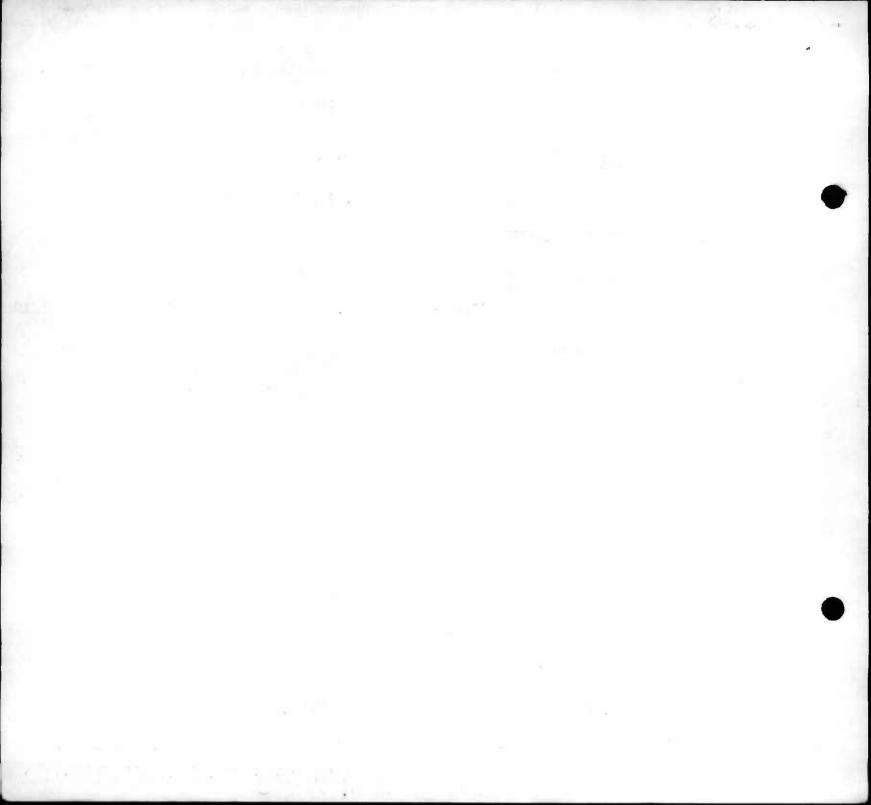
	FUNERAL DIRECTOR: IMPORTANT	ECTOR:	IMPORTA	N I	
the body was released to the hospital by a medical examiner. Also, if the direct or contribut	l by a medical e	xaminer.	Also, if the	direct or contri	but
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	(2) Body burns; (3	3) A fractur	e of any kind	d; (4) Undetermin	ned
was D.O.A. at a hospital (except where the physician who pronounced death was in regular	ere the physician	who pror	nounced dea	th was in regu	ים.
deceased prior to death); and (6) No physician was in regular attendance on the deceased p	physician was in	regular	attendance	on the deceased	0

HI	0.3	50	W 411100		BALTIMORE (	TY HEALTI	H DEPARTMENT		0.101	A PRODUCT
25005	BIRTH		7 4782		CERTIFIC	CATEC	F DEATH	Registered Na.	67	4782
at at the control of	1.NA	CASE NO.	ED DD	110	0	Hand.	2. DATE AL	D HOUR OF DEATH		
_700 =		or Print)	Delma	felle	man	puch	1 51	11/67 7:4	5 P.M	s M.
+ + 0 -	3. PL	ACE OF DEATH	IN BALTIMORE, MAI	RYLAND		A. STA		ere deceased lived. If i	nstitution: resid	dence before odmission)
S = (2)		LL NAME OF	(If not in hospitot o	r institution, go	ve street	W	Tarylais	rd		
- 3 P		STITUTION	oddress or location	apt	1	c. cm	OR TOWN (If or	tside city limits, write	RURAL ond g	give township)
0 8 9	6	10 cm	rersonio	in ap		D 2791	EET ADDRESS (IE	rurol, give location)		15-01
ing care		2500	2 Einta	112 /	lace	. 31%	1502- 9	11ton P	Para -	apt 7D
but ned ned d p	5. SE	( 6.1	RACE	7. MARRIED, N	IEVER MARRIED	B. DATE	OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
Tri Tri Ban	to	Malo	White.	WIDOWED,	DIVORCED (specify)	Sont	28,1878	lost birthday	Months D	oys Hours Min.
re re red			TION (Give kind of work	10B, KIND OF	USINESS OR INDUS	TRY 11. IRT		ign country)	12. CITIZEI	N OF COUNTRY?
or or nde in dede	done	HALLA	ing life, everylf retired)	ato	Jame.	0	males	hebraska	us	A
D_D008	13. F	ATHERS NAME				14. MO	THER'S MAIDEN NA	ME		
rect (4) (4) the the		Meyer	Helly	nan		1	nasia.	Rau		
stantie di ind; eath e on	15. W	as Deceased Eve	er in U. S. Armed Ford yes, give wor or dote:	es?	6. SOCIAL SECURITY NO.	17. INFO	RMANT	0 0	A	DDRESS
the the kin de ina		NA	yes, give war ar area	, at services	LALVALOUNA	mis	Robert H.	Levi - Lu	thorn	200 ms.
if if it is in it is	1	B. 22	LVI		CAUS	OF DEATH	Н	0,000		TERVAL BETWEEN
his of a once			R CONDITION DIR	ECTLY	. /	. 0 .	100	0 F 11		NSET AND DEATH
Also, re of a nounc attendant			MDING TO DEATH	dvina. e.a	(A) CO	rebrat	alleriosc	levotie Vase,	One.	26/10
oro ar bal		neort foilure, ost	henio, etc. It meons otion which coused	the diseose,						
fra gel ea			ECEDENT CAUSES		(B)		~~	88-88-88-8		
A A A Why			CONDITIONS, if		DUE 10					
(3) (3) s a			bove couse (A) ONDITION lost.	sloting the	(C)			00000077000000000000000000000000000000		00000 00 0 00 0 hh hhd 00 00 00 00 a 0 a 0 0 0 0 0 a 0
edical lical rns; sicia was	-	*	11							
2 2 2 2	ATION	OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING						
y by bh	CAT	PA. DATE OF OP	NDITION CAUSING IT	Γ,	HICH OPERATION	Tana	A LIZORGYR (V N	AND IS MES WEST	FINIDANAS C	ONGRESS
a Sod	ERTIFIC	A.DATE OF OF	WAS PERF	ORMED W	HICH OPERATION	20%.	NO.	O) 20B. IF YES, WERE IN CERTIFYING CA	SES OF DE	ATH?
by by 2) E	O  2	A. ACCIDENT	WAS UNDERLYING	21 B, P	LACE OF INJURY (e			(If in Boltimo	re City, give	exact location)
y the ital b e; (2) /here No pl befo		EATH (notify me	G CAUSE OF	etc.)	form, foctory, stree	, office blag.	INJURY OCCUR!			
S S S S S S S S S S S S S S S S S S S	11 5 12	1D. TIME (N	onth) (Doy) (Year)	(Hour) 21 E. I	NJURY OCCURRED		21F. HOW DID IN.	JURY OCCUR?		
94 B G	11 >	APPROX.)		White	At Not	While O				/
bto bto	2	2. I certify the	t (1) ( <del>this hospital</del>	) attended the	deceased fram			1979 to	51	/// 1967.
0 0 0	11 1		it saw the decease			5/1 19	67 and th	nat in (my) (mar) ap	inian death	accurred on the date
0 9 -	0	and hour and fr	om the causes stat	ed abave. (I)	(We) (did) (didame	t) view the	bady after death.			
ust be ceased tident of nospital cath) must b	2	3A. SIGNATURE	1600 1	0			*		23 B. DATE	SIGNED
must eleas ccide ccide to do to do			& When	Kur	M.D.	Attending Phys.	Med. Director	Stoff Phy s.	5/1	1/67
0 0 0 2	2	NAME (Type)	TE	A = /	=111	23 D. ADI	DRESS 14/	10500	1000 1	10/6 7/2/0
certificate body was r rs: (1) An a D.O.A. at ased prior		V	V. ELLI	el Al		.D. 2	Ld VVIC	OLD SIN,	Bal	TO MID.
	24A.	BURIAL CREMA REMOVAL (Spec		1 24C. NA	AE of CEMETERY OF	CREMATORY	240	OCATION (C	ily, lown, or	county) (Stote)
his certifue body hows: (1) ras D.O. eceased	1000	mual	- May 14	16/ 12	altimore	Hebr	rev 1	allema	e /1	largeans
This certhe bod shows: was D.( decease	23A,	MAY ]	7 1967 A	25B. NAME OF	FO DOWN	C 025C.	FUNERAL DIRECTO	7 D. anc	601 V	DADDREAS RA
	VS 1	50-REV. 1/1/65	1	A W.		204.0	Towner.	10070	00101	repersion
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FUNERAL DIRECTOR: IMPORTANT

вити но. 67 4783		TE OF DEATH	Registered No.	67 4783
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE 8. COUNT	1 1967 deceosed lived. If institut	7:23 A.M.
FULL NAME OF (If not in hospitot or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ive street	MARYLAND	de city timits, write RURA	AL ond give township)
(2)		D. STREET ADDRESS (IF TO	rol, give location)	Ed 53-00
SINAI HOSPITAL		7451 PRINCE GE	ORGE ROAD	8
WIDOWED,	, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
MALE (WHITE MAR)  10A. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	RIED BUSINESS OR INDUSTRY	NOV. 14. 1932	n country) 12	2. CITIZEN OF WHAT COUNTRY?
NEUCULAR ENGINEER MARTIN	MARIETTA	NEW YORK	E	USA
41				
SAUL TRUSHIN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(Iff yes, give wor or doles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	111-24-2329	MRS. NETTIE TR	USHIN. 7451 P	PRINCE GEORGE ROAT
18. 73 4 /1	CAUSE OF		on Tourseaul	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	134	lant debling	Journe 101	34 seers
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	ougeshie near	failite,	<i></i>
ANTECEDENT CAUSES	(B) DUE TO	agenile/ Mears	ausease/	
DISEASES OR CONDITIONS, if any, giving		/		
rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore Cit	y, give exact tocofion!
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Not While			
22. I certify that (1) (this hospital) attended th	e deceased from	north 4 1 958 19	10 mer	3, 1967 19 ,
that (I) (we) lost sow the deceased alive on	march 3,191	(7 19 ond that	in(my) (our) apinior	death occurred on the date
ond hour ond fram the couses stoted above. (1)	/			
23A. SIGNATURE			231	B. DATE SIGNED
23C. PHYSICIAN'S Parties Midries	2 Phys		toff hys.	May 11,1967 .
NAME (Type)	M.D.			,
DR. COWLES ANDRUS  24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY of CRE	550 N. BR	CATION (City, to	own, or county) (State)
BURIAL 5/14/67 BETH	VEHUDA ANSHE	KURLAND 25C. FUNERAL DIRECTOR	BOWLEYS LANE,	BALTO MD.
MAY 17 1967 P.O. F.	E. Farleyma	SOL LEVINSON &	BROS. INC	6010 REIST., RD.
VS 150-REV. 1/1/65		7793		



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a hospital and

		BALTIMORE CITY	HEALTH DEPARTMEN	T	67 4784				
BIRTH NO	BIRTH NO. 67 4784 CERTIFICATE OF DEATH Registered No. 97 4784								
M.E. CA	SE NO.	02.(11110/							
(Type or	PrintRITTS, JOHN LUI	THER	2. DAY	AY 15, 1967	11:40 P				
3. PLAC	3. PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
HOSPI	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	Veterans Administration Hospital			Baltimore 21230					
	Loch Raven Boule		D. STREET ADDRESS (If rurol, give locotion)						
Balt	imore, Maryland 2		107 W Lee						
5. SEX	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	10/23/14	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
IOA. USU		108, KIND OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Fri	eght handler	Trucking	Mountain C	ity, Tenn.	U.S.A.				
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN	NAME					
Joh	n W. Fritts		Nettie Duv	all					
15. Was	Deceased Ever in U. S. Armed For	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
Yes	12/22/43 -		VA Hognital	Records Baltim	Arc Fc Md aro				
18.	12/22/45 -	CAUSE O		records Daroin	INTERVAL BETWEEN				
	DISEASE OF CONDITION DI				ONSET AND DEATH				
	LEADING TO DEATH		mhage second	ary to blood v	essel 24 hours				
(Thi	s daes not mean the made of	dying, e.g., DUE TO	osion by tumo	at's to proof A	easer 24 nours				
	1 failure, asthenia, etc. It means	1 1 1							
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving								
DIS		DUE TO 1	nvasion & di	stal metastasis	3				
	to the obave cause (A)	77 3 3							
UN	DERLYING CONDITION lost.		00000.0.7007000.00000						
11 E TO	IER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELIEBED FOR CONDITION CAUSING	ATED TO THE							
CERTIFIC TALE	DATE OF OPERATION 198. CON WAS PER	IDITION FOR WHICH OPERATION FORMED	No No	OF NO. 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?				
, OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DI	ID (If in Boltimore R?	City, give exact location)				
□ 21 D.	TIME (Month) (Day) (Year)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?					
(A PP	ROX.)	While At Not While Work At Work							
				th 19 67 to May					
that () (we) last saw the deceased alive an May 15th 19 67 and that in (h) (aur) apinlan death accurred on the									
and haur and from the causes stated abave. (1) (We) (did) (did) (did) (view the body after death.									
	SIGNATURE				238, DATE SIGNED				
	hargaret (Lh	Jennis M.D. Att.	ending Med. S. Director	Stoff Phys. X	May 16, 1967				
230.	PHYSICIANS		23D, ADDRESS						

NAME (VO) Margaret

24A. BURIAL CREMATION, 24

REMOVAL (Specily) A.

VA Hospital, Baltimore, Maryland

24C. NAME of CEMETERY of CREMATORY 24D. LOCATION

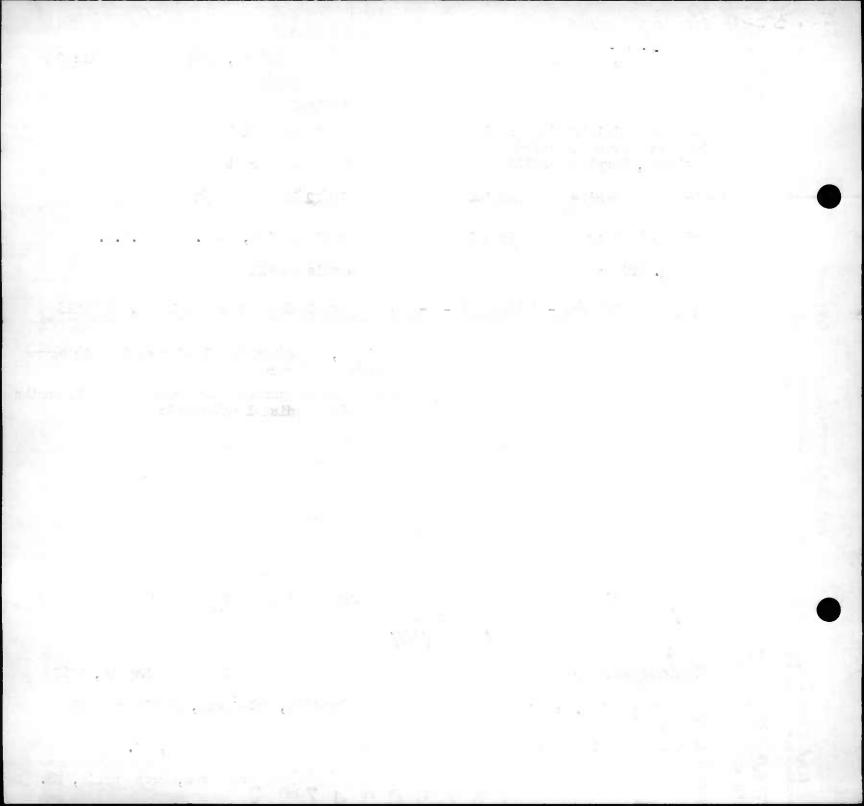
Burial 18 May 25A. DATE REC'D BY HEALTH DEPT. MAY 17 1967 

VS 150-REV. 1/1/65

Kirkley Funeral Home, Glen Burnie.

Glen Burnie,

ADDRESS



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VS 150-REV. 1/1/65

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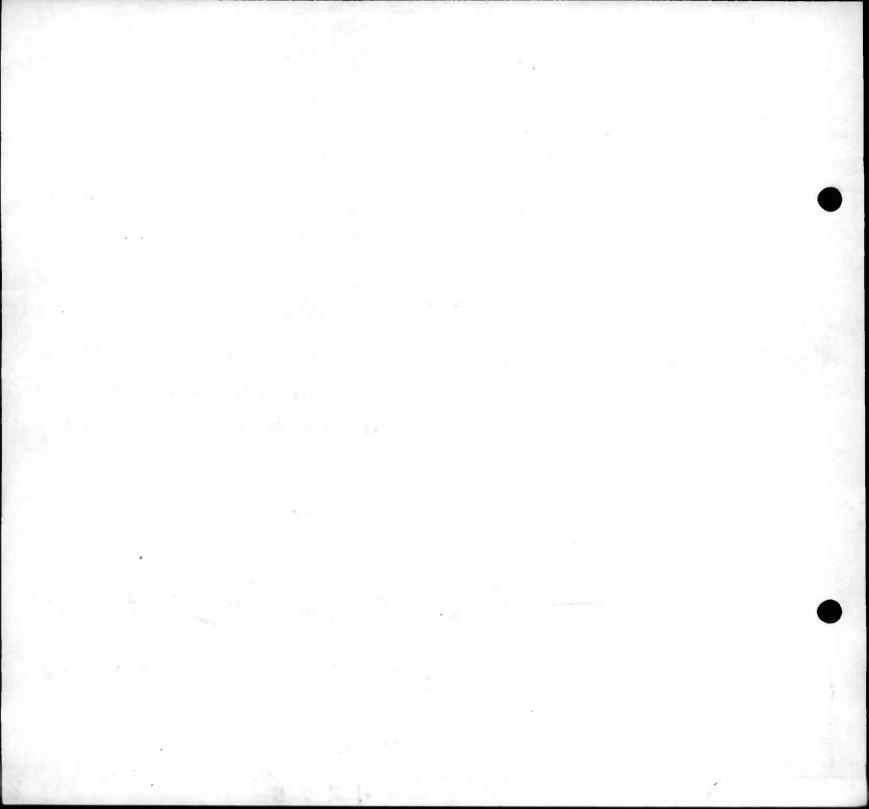
Lang Wor story

VS 150-REV. 1/1/65

7 3	CM AMOG BALTIMORE C	CITY HEALTH DEPARTMENT	O Po	
4	BIRTH NO. 67 4786 CERTIFIC	CATE OF DEATH Registered No.	67 4786	
Such	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
S	(Type or Print) Hattie G. Wright	5-13-67	1:45PM	
death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. It institut A. STATE B. COUNTY	tion: residence befare admission)	
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) INSTITUTION	Maryland C. CITY OR TOWN (It outside city limits, write RURAL and give township).  Baltimore D. STREET ADDRESS (If rurol, give lacotion)  1202 Ramblewood Road 21212		
\$	4254 Falls Road			
prior le.	Baltimore, Maryland 21211			
0	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.	
eceased on is mad	F White Widowed (specify)	Mar 25, 1892 To Mar 25, 1892	anths Days Hours Min.	
cea:	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (Slote or foreign country) 12	CITIZEN OF WHAT COUNTRY?	
ਰ :=	House wife	Pennsylvania	J.S.A	
the	13. FATHER'S NAME	14. MOTHERS MAIDEN NAME		
	Heister Roser	Unk		
E P	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17- INFORMANT	ADDRESS	
final	(Yes, no at unknown) (If yes, give war or dotes of service)  NO  NO  NO  17-(1) -2531	I de Management to Windows 2000 m		
fir		L-A Marguerite Haines - 1202 Ram		
attendance Imed or final		E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
d d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 - P	sudden.	
T T	(This does not mean the mode of dying, e.g., DUE TO	inte Gulmman Congestion	20 dg c M.	
bal	heart failure, asthenia, etc. It means the disease,	v		
gulo	injury or complication which coused death.)	Etypicale poetic CVB	1949	
	501.10			
	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) sloting the (C)	Tyo cardiol Insufficercy	1961	
in s	UNDERLYING CONDITION lost.			
air	li li			
an was in remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
sicio	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIND	INGS CONSIDERED	
ysi e +	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES	OF DEATH?	
No physician before the re	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.	e.g., in ar about 21C. WHERE DID (It in Bathimore Cit NJURY OCCUR?	ly, give exoct location)	
No I be	21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
and (6) Nobtained	S OF INJURY	While		
PO	(APPROX.)			
an bt	22. I certify that (I) (thts-hospital) ottended the deceased from	7 - 8 19 49 to 5	13 1967	
4.5	that (I) (we) lost sow the deceased alive on	19.6.7 ond that in(my) (or) opinion	deoth occurred on the dote	
+ o	and hour and from the causes stated above. (1) (We) (did) (did no			
death) must be	23A. SIGNATURE		B. DATE SIGNED	
D E	D 000 1 1 M.D.	Attending Med. Staff	1-11-17	
우급	Jawan Johnant	Phys. Director Phys.	5 1 1 0 /	
0 0	DSC. PRYSICIAN'S NAME (Type)	23D. ADDRESS		
eased prior to	Lawrence J. Shimanek "	A.D. 3711 Falls Road 21211		
P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)		own, or county) (State)	
itten	Burial 5/17/67 Stone Church	Cemetery Brodbecks, Pa.		
1	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25% FUNERAL DIRECTOR,	ADDRESS	

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	OP APPEN	BALTIMORE CITY	HEALTH DEPARTMENT	1/	02			
- 11	erth No. 67 4787	CERTIFICA	TE OF DEATH	Registered No	67 4787			
1	A.E. CASE NO.  NAME OF DECEASED  Type or Print)		2. DATE AND	HOUR OF DEATH				
H	FEENEY, LILLIAN	G.	4. USUAL RESIDENCE (Where	12. 1967	7:15 P M.			
3	PLACE OF DEATH IN SALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institut	4. USUAL RESIDENCE (Where A, STATE B. COUNT MARYLAND 21.	Υ	Balta (				
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (It outside city limits, write RURAL and give township)						
10	ST.AGNES HOSPITAL	BALTIMORE 53-00						
1	CATON & WILKENS AVENU	D. STREET ADDRESS (If rurol, give locotion)						
	BALTO . MD . 21229	3202 GARDEN AVENUE  B. DATE OF BIRTH  9. AGE (In years   It Under 1 Yr.   If Under 24 Hrs.)						
	FEMALE WHITE WID	3-17-17	50	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
	6A, USUAL OCCUPATION (Give kind of work 10B, KIN I lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
	HOUSEWIFE NO	NE	PENNSYLVANIA	4	USA			
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
	JOSEPH WALTERS (	DEC D)	CHRISTY (TAY		(DEC 1D)			
Į,	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give wor or dates of servi	16. SOCIAL	17. INFORMANT CATON &	WILKENS AT	VF 21229			
		59- ~ 20532	HOSPITAL RECO	ORDS-ST. AC	GNES HOSPITAL			
	1B. / 7 - 0 !	CAUSE OI			INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	* 1	7.017 (400.	. 20				
	(This does not mean the mode of dying,	e.g., DUE TO	TIPLE CARCIN	NO MATOSIS	MONTHS.			
	heart failure, asthenia, etc. II meons the dise	ose,						
	ANTECEDENT CAUSES	(B) OVP	RIAN CARC	[NOMA				
	DISEASES OR CONDITIONS, if ony, gir	DUE TO						
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	***************************************	*********************************					
			<u> </u>					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE						
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED			
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?			
AL C	OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, torm, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)			
	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?				
	(APPROX)	While At Not While At Work						
	22. I certify that (1) (this hospital) attend		PRIL 25.	67 to MAY	12, 19 67,			
	that (1) (we) last saw the deceased alive an MAY 12, 19.67 and that in XXV) (aur) opinion death accurred on the date and haur and from the causes stated above.XI) (We) (did) (dXXXX view the bady after death.							
	23A. SIGNATURE	e.XI) (We) (did) (dAdAnAtXv	iew the body after death.	12	38, DATE SIGNED			
	Jahre of	M.D. Atte	nding Med. S	Stoff Phys. X	5/12/67			
and and a	23C. PHYSICIAN'S	Phys	. Director P					
POLLICINA FEDERICO M.D. ST AGNES -CATON & WILKENS AVES.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)								
There is a second								
2	Burial 5/16/67 Meadowridge Memorial Cem. Howard Co., Maryland address funeral director funeral director funeral director funeral director funeral director funeral director funeral fu							
ĺ	VS 150-REV. 1/1/65							

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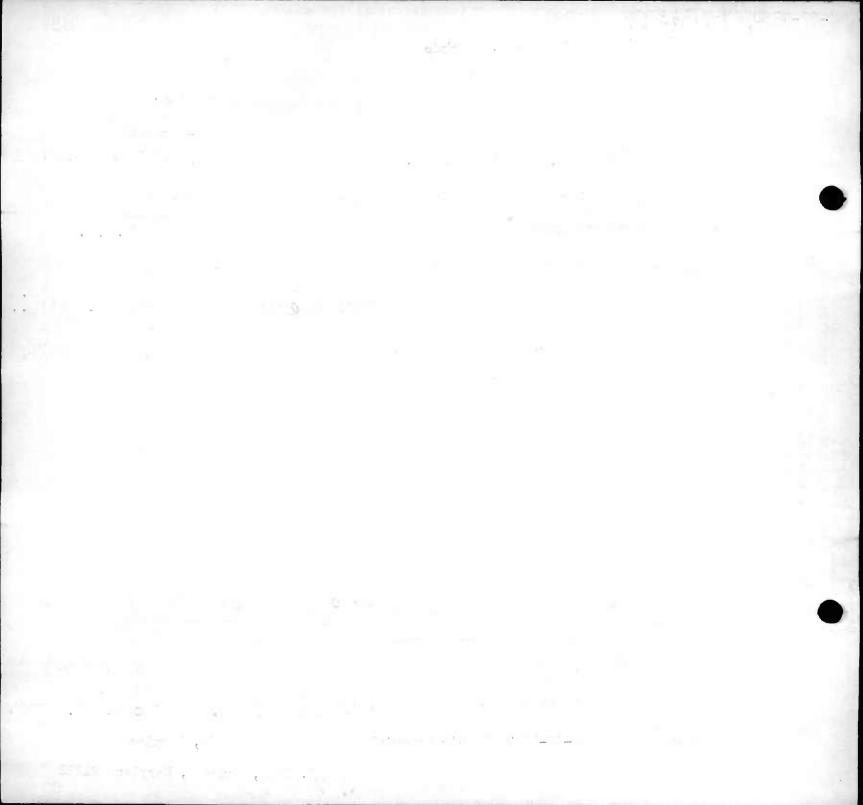
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(LEG ) COLUMN VIOLENCE

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25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS John J. Duda, Dundalk, Maryland 21222 VS 150-REV. 1/1/65



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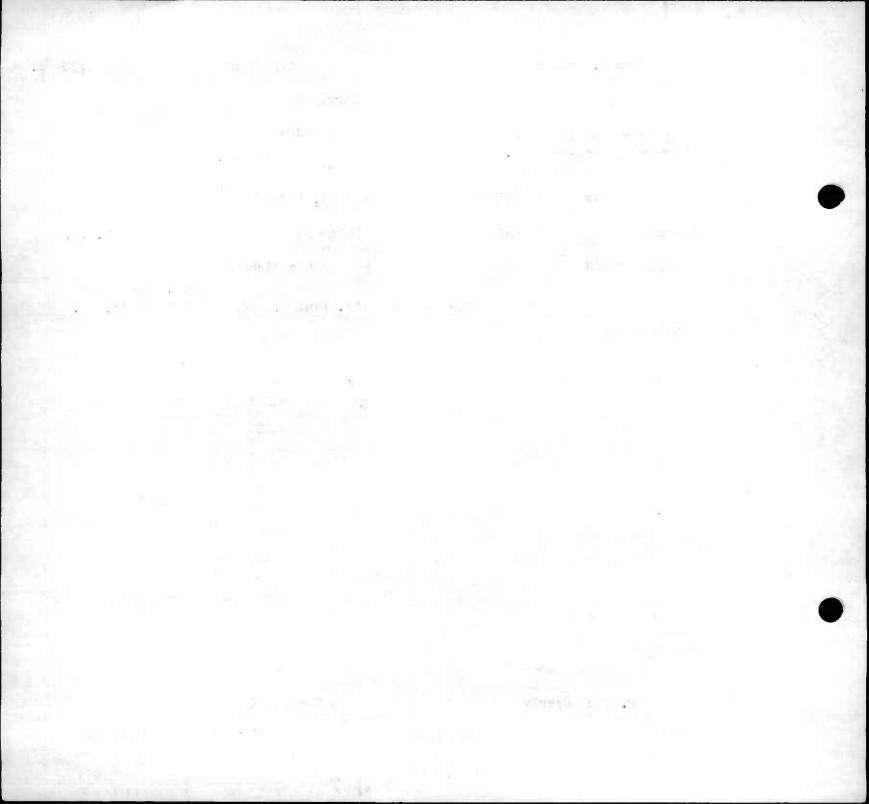
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BALTIMORE CITY HEALTH DEPARTMENT 4790 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) John R. Arnold /14/1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) 4. USUAL A. STATE B. COUNTY Haryland FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give township Baltimore D. STREET ADDRESS (If rurol, give location) 2803 Rosalie Ave. B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months Doys Hours lost birthdoy Sept 15, 1889 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto Md U.S.A. 14. MOTHER'S MAIDEN NAME Annie Michael 17. INFORMANT 110 Oakmere Road Mr. Paul R. Arnold Owings Mills, Md. CAUSE OF DEATH ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? Not While [ At Work and that in (my) (aur) aplnian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23 B. DATE SIGNED Attending 7 Stoff Med. Phys. Director Phys. 23 D. ADDRESS 5820 York Road 24C. NAME OF CEMETERY OF CHARACTERY 24D. LOCATION (City, town, or county) (Stote) Burial (Specify) Pikesville 8 Druid Ridge Maryland 25A. DATE REC'D M ALALTH 25C FUNERAL DIRECTOR VS 150-REV. 1/1/65



PALL MICES

1338 HILLODACE ROAD

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GEORGE W. PALLUTER HARLY WILSON

CERCONOCULAR ACCIDENT

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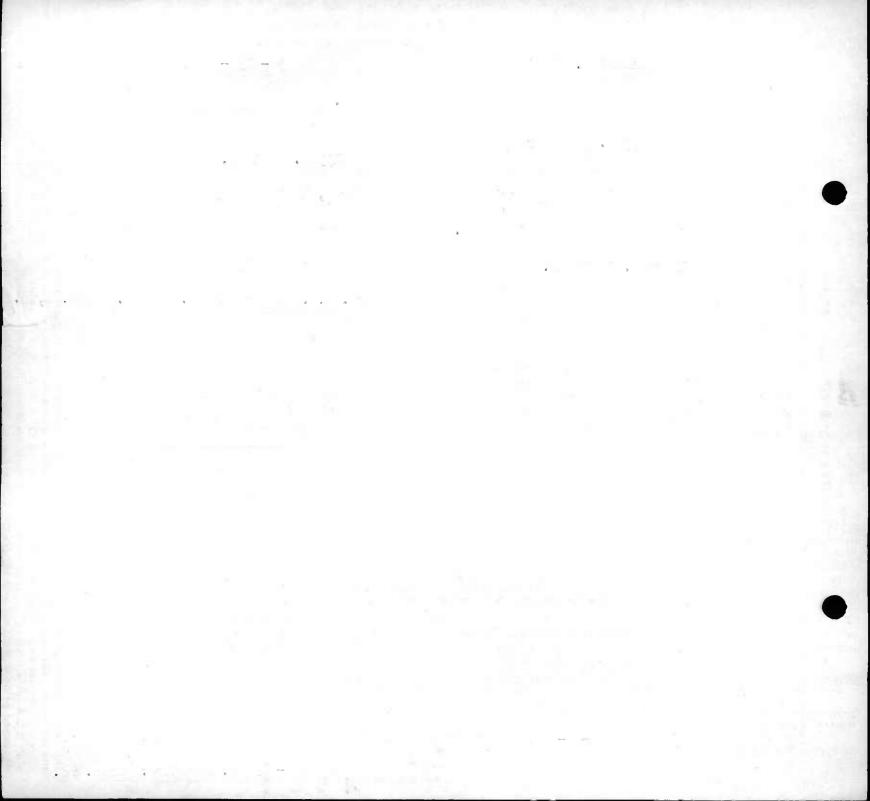
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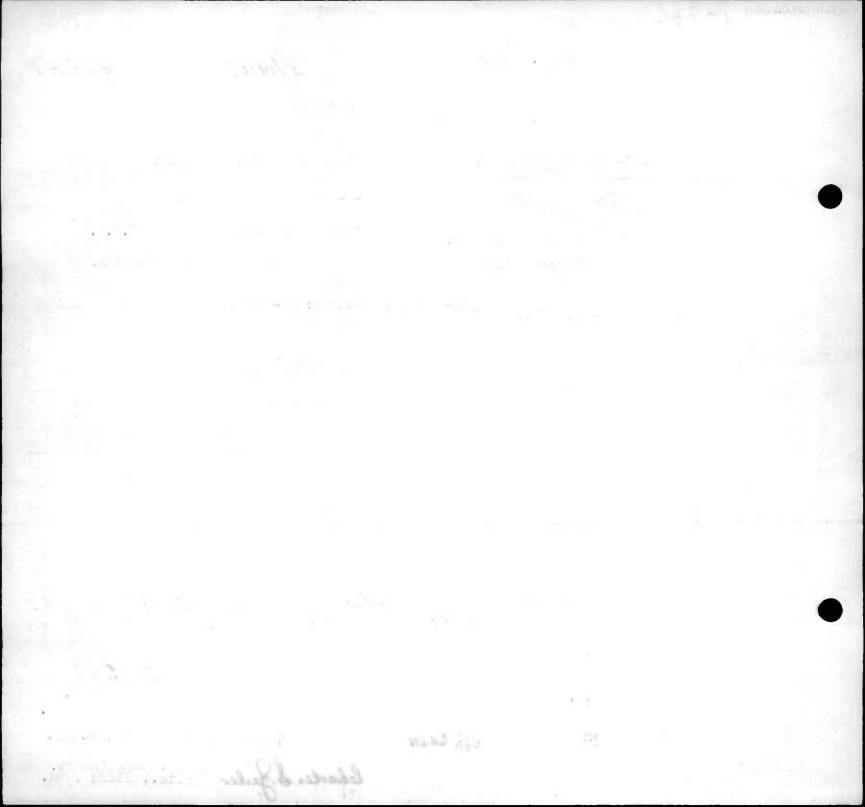
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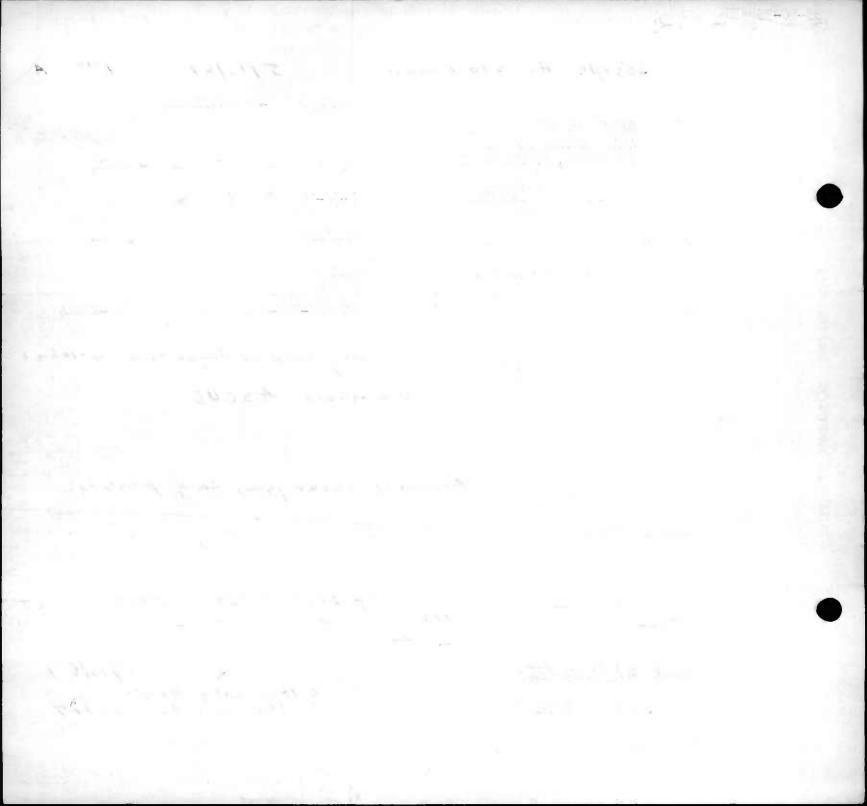
shows: (1) was D.O.A.

FUNERAL DIRECTOR: IMPORTANT	IMPORTANT		K
the chief medical examiner or his assistant if death occurred in a hospital and by a medical examiner. Also, if the direct or contributing cause of death	or his assistant if Also, if the direct	death occurred in a hos	spital and
(2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	re of any kind; (4)	Undetermined cause; (5)	Deceased (
are the physician who pronounced death was in regular attendance on the	nounced death w	as in regular attendan	ce on the
physician was in regular attendance on the deceased prior to death. Such	attendance on the	e deceased prior to de	ath. Such

BALTIMORE CITY HEALTH DEPARTMENT 4792 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2, DATE AND HOUR OF DEATH Type or Print) Albert F. Riggin 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 133 E. West Street D. STREET ADDRESS (If rurol, give location) 133 E. West St. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) Male White Married July 6, 1903 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Stien Bros. Bovce USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert F.Riggin Sr. Josephine Boulier 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. Mrs. A.F. Riggin 133 E.West St. Balto.30.Md. No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, osthenia, etc. It means the disease, injury ar camplication which caused death,) 104590 ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hespital) attended the deceased fram.... 1956 1967 april that (1) (We) last saw the deceased alive an and that in(my) (out) apinion death occurred on the date and haur and from the causes stated abave. (1) (\(\frac{\(\pi\)}{6}\) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Cullin Stewart Attending Phys. Med. Director \_\_\_ approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) C. Wilbur STENART 6 E. Riad SE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial 5-19-1967 Holy Cross Cemetery Baltimore Maryland 25A. DATE RECEDIAN HEALTH 25C. FUNERAL DIRECTOR McCully - 130 E. Fort Ave. Balto. Md. VS 150-REV. 1/1/65





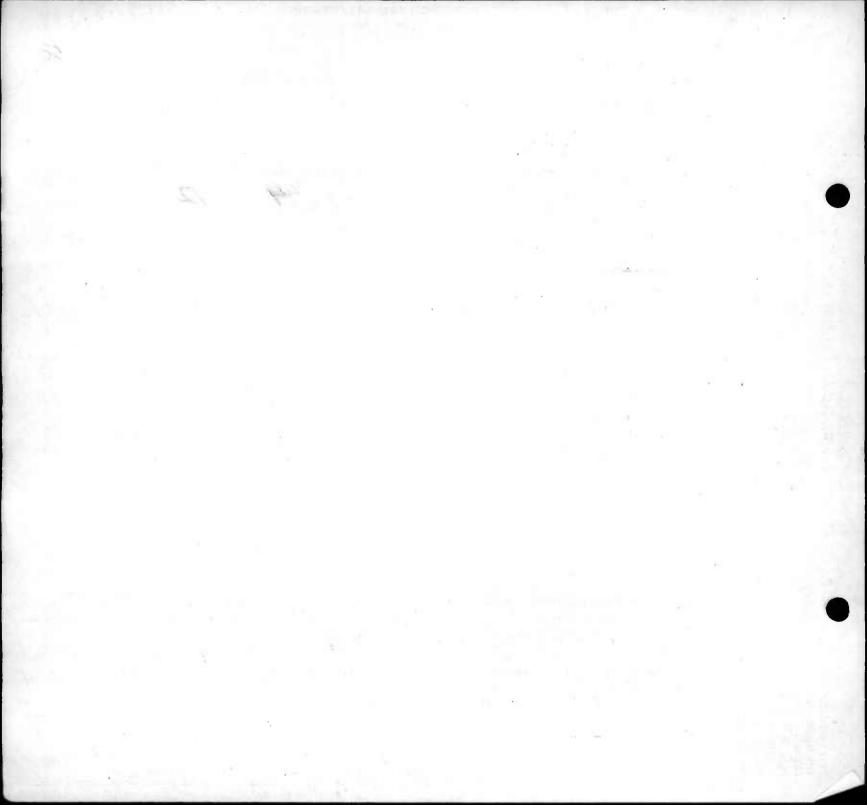


IMPORTANT FUNERAL DIRECTOR: written approval shows: (1) eceased the body SD

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE

B. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aur) opinion death accurred on the date 23B. DATE SIGNED (City, town, or county) Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS Charles 802 Madison Ave.



VS 150-REV. 1/1/65

46-14-09 IW

T	)-2	200	67 4796	В	ALTIMORE CITY	HEALTH DEPARTMENT		67 4796		
	BIRTH	NO.	07 4700	C	ERTIFICA	TE OF DEATH	Registered No	07 4/30		
	1.NA	ME OF DECE	Herman	Dig	195.		5-67	130 Am		
		JLL NAME OF	TH IN BALTIMORE, MA	RYLAND or institution, give street	et	4. USUAL RESIDENCE (Where A. STATE B. COUN'		stitution: residence beloro odmission)		
	H	HOSPITAL OR Oddress or location) BALTIMORE CITY HOSPITALS				C. CITY OR TOWN BALT IMORE  (If outside city limits, write RURAL and give township)				
	-	31	4940 EASTERN BALTIMORE, N		24	D. STREET ADDRESS (IF T	OUNT AVENUE	- 21218		
mad	5. SE	X MALE	6. RACE NEGRO	7. MARRIED, NEVER WIDOWED, DIVOI WIDOWE	RCED (specify)	5/4/06	ost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.		
tion is			PATION (Give kind of work orking life, even if retired)	10B. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?		
disposition	13. F	ATHER'S NAM	JOSEPH I	DIGGS		14. MOTHER'S MAIDEN NAM MAGGIE WHITE	AE			
			Ever in U. S. Armed For (II yes, give wer or dete		CIAL CURITY NO.	17. INFORMANT	10 5	ADDRESS		
or final			no				40 Eastern	Ave., Balto. Md. 21224		
	1	8. / 6	$\times$ 1		CAUSE O	FDEATH		ONSET AND DEATH		
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Carcinoma of Lu							1 40		
balm			of meen the mode of		DUE TO	CITIONS				
pq			osthenio, etc. Il meons oficotion which coused							
E e		A	NTECEDENT CAUSES		(8)	••••••••••••••••••••••••••••••••••••••	00 0n			
9			R CONDITIONS, if		001 10					
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ore the remains	z	OTHER SIGNIS	II CANT CONDITIONS C	ONTRIBUTING	Λ	h /				
ē	151	TO THE DE	ATH BUT NOT RELA	TED TO THE	Caro	inoma of Li	arvnv	IVr		
he			OPERATION 198 CON	DITION FOR WHICH		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED		
0	E	7-		ur cinoma of	Lung	NO				
pefor	1 4	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol exominor	218. PLACE homo, lorm, etc.)	OF INJURY (e.g., in foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore	e City, give exect locotion)		
ed b	12		(Month) (Doy) (Yeor)	(Hour) 21E INTURY	None	21F. HOW DID INJU	IRY OCCUR?			
aine	1 7 9	APPROX.)		While At Work	Not While	e C				
obte			that (I) (this haspital					5/15 19 67 .		
pe	1	hot (I) (we)	last sow the decease	d alive on 5	-16-6	19 ond the	ot in(my) <u>(aur)</u> opi	nian death accurred an the date		
1St				red above. (We)	(did) ( <del>did nor</del> ) v	lew the bady after death.				
must	2	3A. SIGNATUI	1 13 M	a.b.	M.D. Atto	onding Mod.	Stoll 💭	5-16-67		
approval	2	3C. PHYSICIAI	vs vs	com	•	23D. ADDRESS BATTIMOR	E CITY HOSE	PITALS		
pro		NAME (Ty	harles F	3 Beckm	M.D.			MORE, MD. 21224		
	24A.	BURIAL CREA	AATION, 248, DATE	24C. NAME of	CEMETERY OF CRE			ty, town, or coonty) (State)		
ten	1	Buria	1 5-246	1 mta	Man C	ent	Palto	m		
written	25A.		BY HEALTH DEPT.	258. NAME OF REGIS	TRAR	25C FUNERAL DIRECTOR	1	ADDRESS		
>		R	AY 171967	10 0 6 8 S	The work	Manal bill	1202/0m/	Mently ll		

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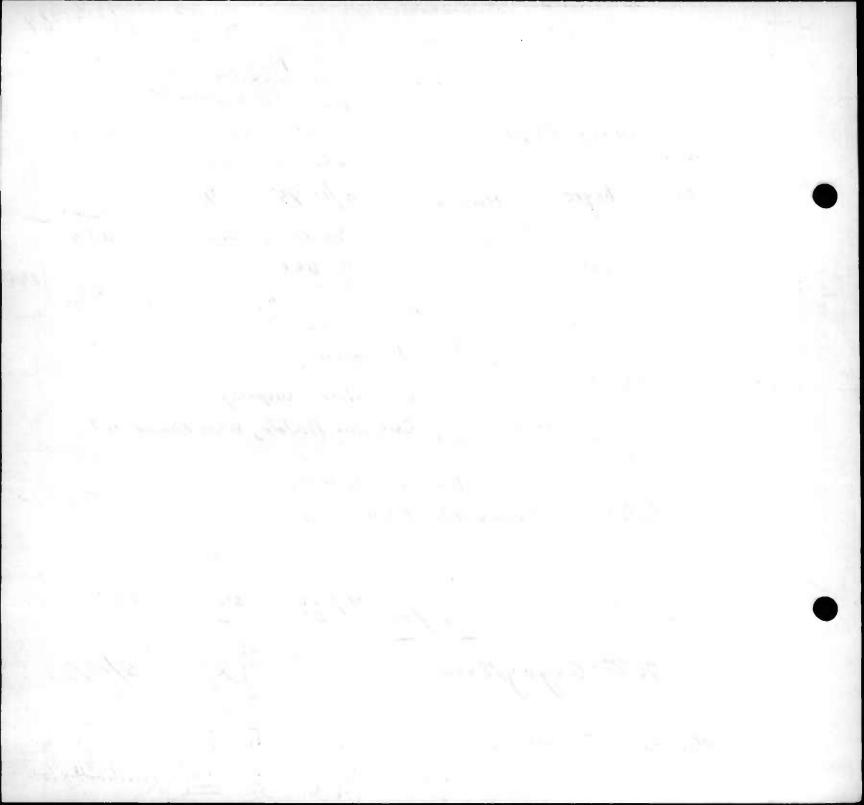
Jr. lets. Consistent of long.
No. None

2-10-67

Chada B. Wester

VS 150-REV. 1/1/65

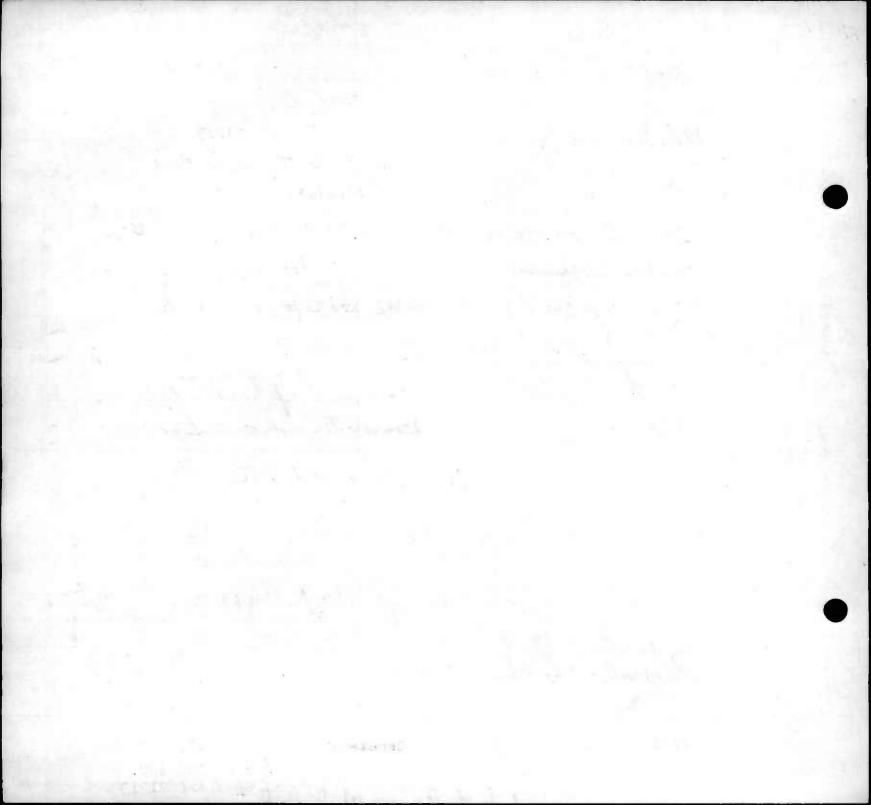
	BALTIMORE CITY	HEALTH DEPARTMENT	67 4797					
BIRTH NO. 67 4797	CERTIFICA	TE OF DEATH Registered No.						
M.E. CASE NO.  1, NAME OF DECEASED  Type or Print)  TOLN  W.	Williams	MAY 13, 196	7 7 150					
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before cumission					
FULL NAME OF (If not in hospital or institution oddress or location) INSTITUTION  A / / / / / / / / / / / / / / / / / /		C. CITY OR TOWN (If outside city limits, write RURAL one give township)						
INSTITUTION MErcy Hospil	4/	BALTIMONE	21201					
37		D. STREET ADDRESS (If rurol, give location)  256 No PINE ST	7					
	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH  8 / 2 / 95  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.					
DA. USUAL OCCUPATION (Give kind of work 108, KIND one darying most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Retired Con	t. Worker	South Carolina	USA					
B. FATHER'S NAME	Worker	14. MOTHER'S MAIDEN NAME						
UNK		UNK						
o. Was Deceased Ever in U.S. Armed Forces? es, no or unknown)((f yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
No	217-05-2627	Agras Williams	SAME					
18.	CAUSE O	1	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH						
LEADING TO DEATH  (This does not meen the mode of dying, e.g.,  DUE TO								
heal foilure, asthenia, etc. It means the disease injury or complication which coused death.)								
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoling the (C) CARCINOMA Prostate, Villous Adentica Rectum								
rise to the obove couse (A) stoting t	MOMA RECTUM							
UNDERLYING CONDITION loss.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING							
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE DIABETES	Mellitus						
19A. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED	FINDINGS CONSIDERED							
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., ) home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	re City, give exoct locotion)					
W OF INTITUTE	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
≥ (ABBBOY)	While At Not Whi Work At Work							
22. I certify that (*) (this hospital) attended the deceased fram 4/26 1967 to 5/15 1967								
that (1) (we) last saw the deceased alive a	- /1-	19 and that In(my) (aur) ap	inian death accurred an the c					
and haur and fram the causes stated abave	. (I) (We) (did) (did not)							
23A. SIGNATURE	<b>X</b>	*	23B. DATE SIGNED					
W Cereby	Brug M.D. AH	ending Med. Stoff Phys.	3/15/65					
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 / 4					
MAINE (Type)	M.D.							
	NAME of CEMETERY or CR	EMATORY 24D. LOCATION	City, town, or county) State					
Bureal 5-20-69	Mr. Auburn	Com. Balto.	Mod.					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM		25C, FUNERAL DIRECTOR	ADDRESS					
MAY 17 1967 R.O.	Br & AFA. Owner	1 Change O. Walnut	1. R. Alex And					



67 4798 BALTIMORE CITY HE	0/ 4/378							
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.							
M.E. CASE NO.								
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD							
JESSE JOHNSON	M.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission							
THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY.	A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								
NOITUTION	Baltimore							
Alley, Rear of 300 Block E. 21st Street								
Alley, Real of Sec Bases	2240 Guilford Avenue							
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs							
WIDOWED, DIVORCED(specify)	lost birthdoy) Months Doys Hours Min.							
Male Negro manua	52							
10A, USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INOUS) done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Sitoria	va usa							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Willie Johnson	Since:							
15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.								
2.31-19-32	1) family							
18.44 4 CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH (A) Hype	ertensive Heart Disease.							
(This does not mean the mode of dying, e.g., DIF TO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
RISE TO THE ABOVE CAUSE (A) STATING THE								
UNDERLYING CONDITION LAST.								
<u>0</u>								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE Acute Ethylism.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AC DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?							
OLA EVERNAL CALLSE WAS COLD BLACE OF INTILOY (A	ies							
21A, EXTERNAL CAUSE WAS  21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)  UNDERLYING OR CONTRIB-								
UTING CAUSE OF DEATH.								
210 TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRE	O 21F. HOW DID INJURY OCCUR?							
OF INJURY (APPROX.) WHILE AT NO	OT WHILE							
m. WORK AT	WORK							
22. I certify that I held on Inquiry Inspection	Autopsy 🕱 ond that on this basis, death In my opinion							
resulted from: Natural causes X Accident Suic								
ACTUAL OIL	CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE Charle I lety M	D. ASSISTANT MEDICAL EXAMINER X							
EYAMINED'S	ASSOCIATE MEDICAL EXAMINER 5/15/67							
NAME (Type) Charles S. Petty								
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETER	RY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)							
REMOVAL (Specify)	1 the a a a mode							
DAU/0/ my Calvor	numery with the							
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNE A DIRECTOR ADDRESS 7/2/							
MAY 17 1967 1 0 1 8 8 5 1 1 1 1 1	& Malet SMille a crack Day 1							
10000 -1 4444	MACHIEL III ( COLONO ) ALLO MACHIEL MACHIEL							

Visition garmen Signer ? 3/20/67 hit Chlora a amety a. a. a. m. Robert Michigan market mark

	BALTIMORE CITY	Y HEALTH DEPARTMENT		CPY draw				
MRTH NO. 67 4799	CERTIFICA	TE OF DEATH	Registered Na	67 4739				
I. NAME OF DECEASED ALBERT CH.	ARLES HOBELMAN	IN 2. DATE AN	D HOUR OF DEATH	K:45				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whom	re deceased lived. If insti	itution: rosidenco bofore admissi				
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	tion, give street	C, CITY OR TOWN (If ou	tside city limits, write RU	RAL and give_township)				
My Leneal Hot	1	C, CITY OR TOWN (If outside city limits, write RURAL and give township)  D. STREET ADDRESS (If rurol, give location)						
48		3/06 Tun	Ando Du	e				
	OWED, DIVORCED (specify)	8. DATE OF BIRTH V	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Days Hours Min				
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?				
	ker, Cork&Tile	Co. Baltimor		WS #				
13. FATHERS NAME Tustus Hobelmann		14. MOTHERS MAIDEN NAT	Imann, J	ohannah				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 3106	Tyndale Av					
Yes World War # :	1 212-03-030	Mrs Lena M.	Hobelmann					
18. 24 1 0 X I	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Rheu	mety Heart Des	Hearn &	yein				
(This does not mean the mode of dying, hearl foilure, asthenio, etc. II means the dis	e.g., DUE TO	netal Inau	Here					
injury or complication which coused death.)	(8)	fatio la	enellet-					
DISEASES OR CONDITIONS, if any, giving								
rise to the obove cause (A) stating UNDERLYING CONDITION last.		ut bermund	arrything					
OTHER SIGNIFICANT CONDITIONS CONTRIB		sed 1	17					
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE FIL	NDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	TOR WHICH O'ERAHON	NO	IN CERTIFYING CAU	SES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)				
OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX.)	While At Work  Wark  Not Whi At Wark	le 🗌						
22. I certify that (1) (this hospital) atten	ded the deceased fram	- 0 6	19 67 to	5/15/196				
that (I) (we) last saw the deceased alive an								
and have and from the causes stated abo	ve. (I) (We) (did) (dfd nat)	view the bady after death.		23B. DATE SIGNED				
Ulmel Dold	nes M.D. Att		Stoff Phys D	5/15/67				
23C. PHYSICIAN'S NAME (Type)	1 + 11 - 2 M.D.	23D. ADDRESS	1.					
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	REMATORY 24D, L	OCATION (City,	, town, or county) (State				
Burial 5/18/67	Baltimore Cel	metery Be		aryland				
MAY 171967 R.C.	ent E. FarkerMA	HENRY SANDE						
VS 150-REV. 1/1/65	6760	BALTIMORE	MARYLAND 2	1213				



21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

resulted from: Natural couses X Accident ACTUAL

Homicide Undetermined monner

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(Stote)

SIGNATURE **EXAMINER'S** NAME (Type)

ASSOCIATE MEDICAL EXAMINER

(City, town, or county)

23A. BURIAL CREMATION. 23B, DATE REMOVAL (Specify)

24B NAME OF REGISTRAR

23C. NAME of CEMETERY OF CREMATORY

Suicide

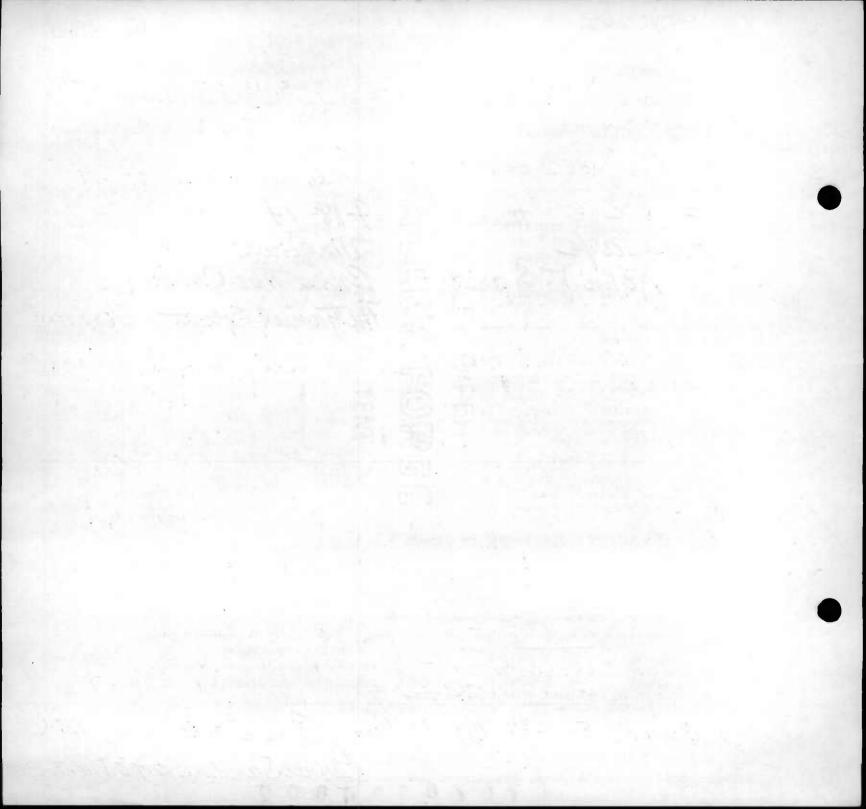
23 D. LOCATION

ADDRESS

VS 151-REV. 1/1/65

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a hospital

				BALTIMORE (	CITY HEALTH	DEPARTMENT		67 4000	
BLR	TH NO.	67 480	2	CERTIFIC	CATEO	F DEATH	Registered N	67 4802	
	E. CASE NO.	0,		CERTITIO	5/ 112 0		AND HOUR OF DEA	TH	
	pe or Print)	ALIC	E MOSE	3Y		2.0412	MAY 15, 19	67 7:P	
3.	PLACE OF DEAT	TH IN BALTIMORE, MA	ARYLAND		4. USUA	AL RESIDENCE (W	here deceased lived. I	If institution: residence before admission	
					A. STAT	E B. CO	UNTY		
	FULL NAME OF HOSPITAL OR	(If not in hospital oddress or location	or institution,	give street	Md	OR TOWN (If	analis ala limia uni	ALIBA L	
	INSTITUTION						outside city limits, wit	ite LURAk ond give Jawnship	
Ш,	00		01	Ç.		Ltimore ET ADDRESS	(If rurol, give location)	10	
1	) $0$	04 Rosedal	e Stre	et	100	04. N R	osedale St		
5.	SEX	6. RACE	7. MARRIED.	NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs	
	F	C	WIDQWE	D, DIVORCED (specify	12	/16/93	173	Months Doys Hours Min.	
107	USUAL OCCU	PATION (Give kind of wo	k 108. KIND O	BUSINESS OR INDU	STRY 11. BIRTH	IPLACE (State or f	oreign country)	12. CITIZEN OF	
001	Pousewil	orking lite, even if retired) . C			Ba	ltimore	Maryland	WHAT COUNTRY?	
13.	FATHER'S NAM	E			14. MOT	HER'S MAIDEN N	NAME		
	Charles	Brooks			177	7.a. Davis	_		
15.	Was Deceased	Ever in U. S. Armed Fo	ices?	1 6. SOCIAL	17. INFO	la Bourn	(e	ADDRESS	
(Te	no or unknown)	(If yes, give wor or do	es of service	SECURITY NO.	Mana	Donalda	C 300	1 7	
-	110	21 7.		CANE	E OF DEATH		Granam, 100	4 Rosedale St	
	and a	2/		CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
	1	E OR CONDITION D' LEADING TO DEATH		A	rterio	scleroti	ic Cardio	7 years	
	(This does no	of meon the mode o	dying, e.g.,	DUE TO	ascula	r Diseas	se	1 years	
		olication which cause							
	A	NTECEDENT CAUSE	S	(B)					
		R CONDITIONS, if							
		obove cause (A) CONDITION last,	stating The	(C)					
١.		11							
ATION	TO THE DE	ICANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING	ATED TO TH						
ERTIFIC,	19A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20A.	20A. AUTOPSY? (Yes or Not 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
U	OR CONTRIBUT	T WAS UNDERLYING	hon	PLACE OF INJURY (ene, form, foctory, street	.g., in or obout t, office bldg.,	21C. WHERE DID	(If in Baltin	more City, give exact location)	
CA		medical examiner)	etc.	.)					
ED I	OF INTITION	(Month) (Doy) (Year		. INJURY OCCURRED		21F. HOW DID	NJURY OCCUR?		
2	(APPROX.)		Wh		While Vork				
	22. I certify t	that (I) (this haspite	l) attended t	he deceased from		1/14	160 ,	5/15 10 67	
	1	last saw the deceas		5	/15 19	67 and	that in(my) (aur)	apinian death accurred an the dat	
	and haur and	fram the causes sto	ited abave. (	I) (We) (did) (did no	it) view the	bady after deat	h.		
1	23%. SIGNATUR	IE .	1/1					23 B. DATE SIGNED	
1	Dex	CON S	ulle	M.D.	Attending Phys.	Med. Director	Stoff Phy s.	5/16/67	

23D. ADDRESS

M.D.

ADDRESS

Edmondson

town, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 258. NAME OF REGISTRAR 5/20/67 Burial Cemetry

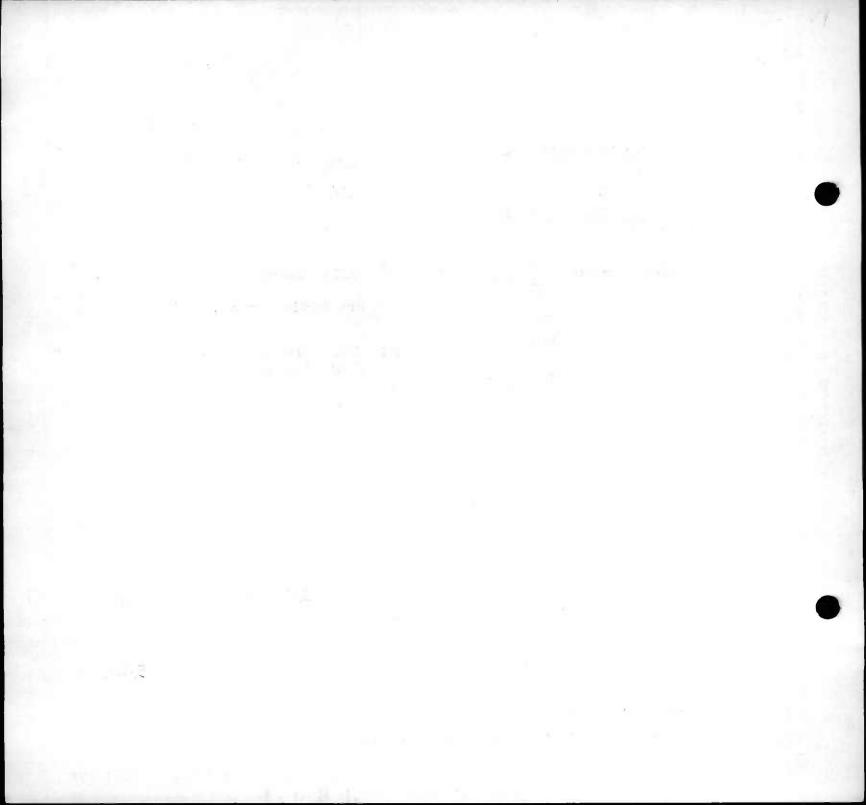
Baltimore Md

25C. FUNERAL DIRECTOR

Adolphus Halstead 1206 W North Ave

V\$ 150-REV. 1/1/65

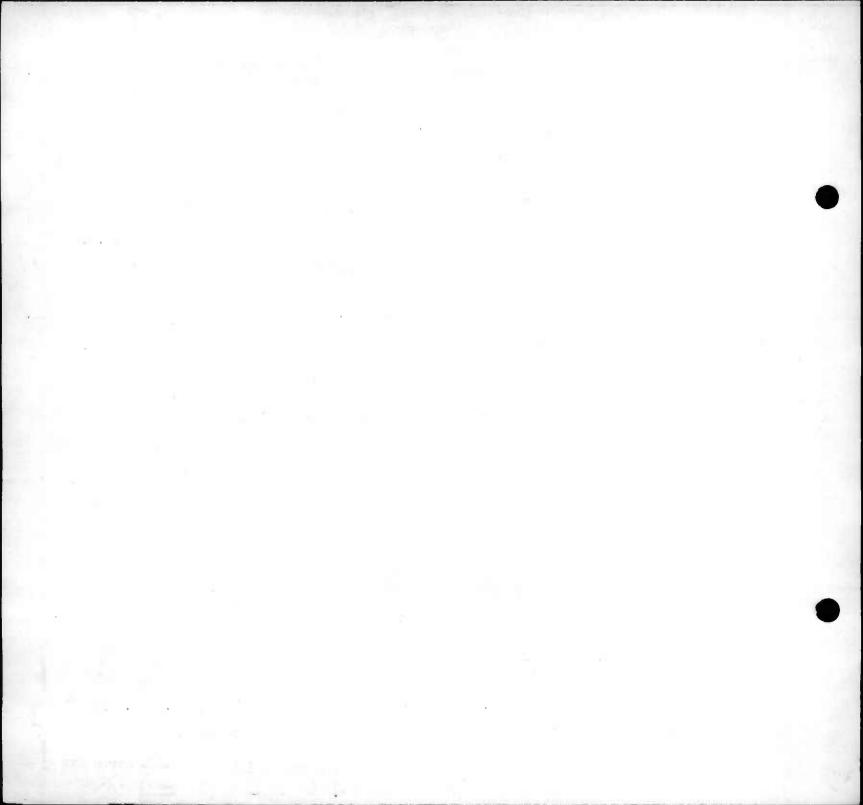
Reckling



VS 150-REV. 1/1/65

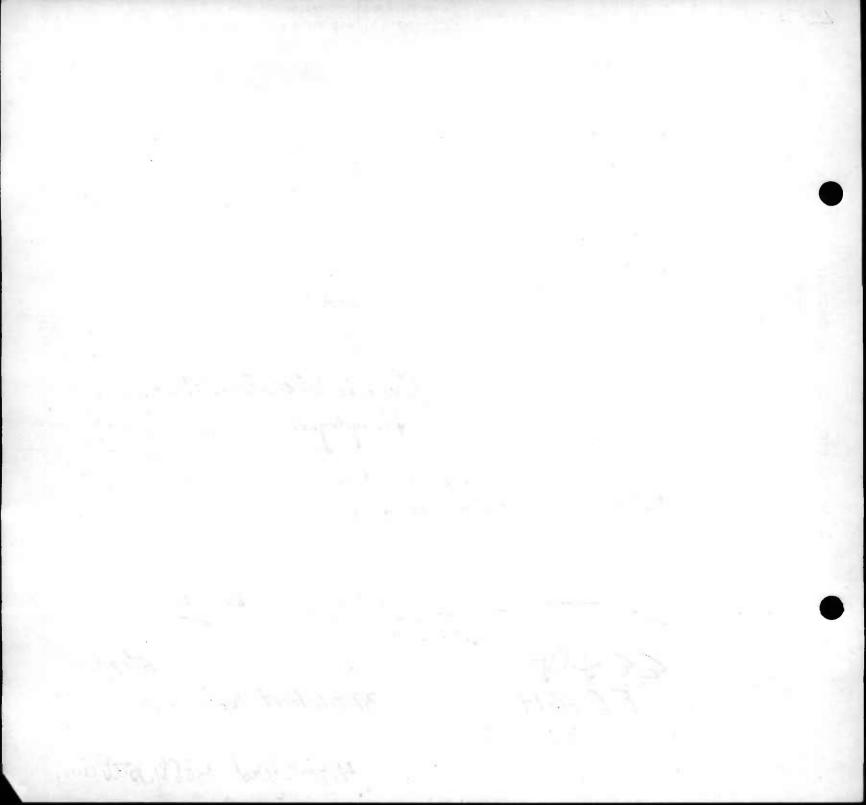
Such

	BALTIMORE CITY	HEALTH DEPARTMENT		012	400		
	CERTIFICA	TE OF DEATH	Registered No.	67	4803		
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  Robinson, Rebe	ecca.		ND HOUR OF DEATH		5:40 p.4		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3004	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution oddress or location)  Provident Hospital Division	ital Inc.	Maryland C. CITY OK TOWN (If outside city limits, write RURAL and give lownship) Baltimore					
Baltimore, Mar		D. STREET ADDRESS (If rurol, give locotion) 1738 Thomas Avenue  B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 Hrs					
WIDOW	D. NEVER MARRIED /ED. DIVORCED (specify)	B. DATE OF BIRTH	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
Female Negro Wido: 0A, USUAL OCCUPATION (Give kind of work 10 B, KIND one during most of working life, even if retired)	WED OF BUSINESS OR INDUSTRY	3/3/85 11. GIRTHPLACE (Stote or fore	ign country) 82	12. CITIZEN C	OF OUNTRY?		
Housewife	Maryland		U.S.	.A.			
3. FATHER'S NAME	?	14. MOTHER'S MAIDEN NA Hannah Wils					
5. Was Deceased Ever in U. S. Armed Forces? fes,no or unknown) Uf yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	PRESS		
no	216-46-0821	Mrs. Emm. Mae	Cooper (fr	1703 Th	nomas Ave.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e. heart failure, asthenia, etc. It means the diseas injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the course (A) stating the course (B) and course the course	(B) DUE TO	Pareinon blodder of to the	a of the	Bolf no for	TAND DEATH		
UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 198. CONDITION FO WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING 2	NG	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE F	FINDINGS CON	ISIDERED H?		
OR CONTRIBUTING CAUSE OF h	1B. PLACE OF INJURY (e.g., ir ome, form, foctory, street, of	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exo	ct tocotion)		
OF INJURY (APPROX.)	Not While At Not While At Work						
22. I certify that (I) (this haspital) attended the deceased from April 20, 19 67 to May 13, 19 67, that (I) (we) lost sow the deceased alive on May 13, 19 67 and that in (my) (our) opinion death occurred on the date and hour and from the capses stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNATURE				23B. DATE SIG	GNED		
23C. PHYSICIAN'S	Phy	Med. Director	Stoff Phys.	5/15	5/67		
NAME (Type)	M.D.	1514 Division	n St. Balto.	, Md. #2	1217		
24A. BURIAL CREMATION, REMOVAL (Specify) 5/17/67 M	t Auburn Cemetery or CRE		ocation (C)	ty, town, or cou	inty) (Stote)		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	e OF REGISTRAR	Adolphus Ha	alstead 120	6 W Nort	R <sup>D</sup> #¥e		



FUNE	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing c shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus was D.O.A. at a hospital (except where the physician who pronounced death was in regular after deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is mader	f medical examiner. I medical examiner. I y burns; (3) A fracture physician who pron ian was in regular c e remains are embaln	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. 67 4804 CERTIFICA	ATE OF DEATH Registered No. 57 4804				
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print) LEACH, BEAIRICE	5/11/67 9 PM.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C, CITY OR TOWN (If outside city limits, write RURAL and give township)				
George Washington Nursing Home	BALLI more				
HOSPITAL OR INSTITUTION Oddress or location) We washington Nursing Home. 607 Penasylvania, Ave.	D. STREET ADDRESS (If rurol, give location)				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.				
Female, Negro, WIDOWED, DIVORCED (specify)	3/2/1909 lost birthdoy Month's Doys Hours Min,				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
LAUNDERY WINDER	South CAroliNA USA.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
March Leath	Amy CouseR				
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
18. CAUSE	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO	VA / day				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	· 110 00 Ton The 17 do				
ANTECEDENT CAUSES  (B)  DUE TO	rose were work estation / 12 yrs.				
DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stoting the	grazelez is Unknown				
UNDERLYING CONDITION lost.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DECILE-	ita				
11/14/65 11/14/65 WAS PERFORMED TSCHOOL ROCKED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
DEATH (notify medical examiner)  O 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED					
OF INJURY  (APPROX)  While At Not Wh					
22. 1 certify that (I) (this heapitel) attended the deceased from					
that (I) (we) lost sow the deceased alive an	19.6.7 and that in (my) (our) opinion death accurred on the date				
and haur and from the causes stated above. (1) (Wor (did) (did not)					
23A. SIGNATURE ALDY M.D. A.	ttending Med. Stoff Stoff				
23C. PHYSICIAN'S	Phys. Director Phys.				
NAME Type E. E. HOLT . M.D	3715 Liberty Hots. Rue.				
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)	REMATORY 24D. (OCATION (City, town, or county) (Stote)				
Burial 5/20/67 Mt Calvary C	emetry A A County Md				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Adolphus Halstead 21206 W North Our				
VS 150-REV, 1/1/65	9 6 1 3				



Was

VS 150-REV. 1/1/65

of death Deceased

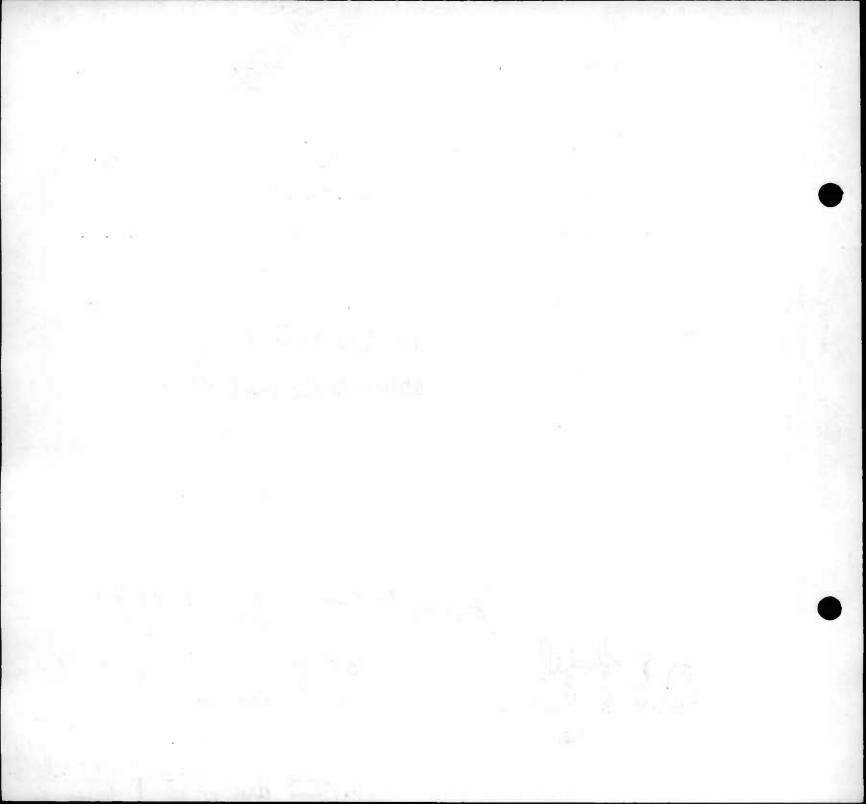
hospital

uo

attendance

cause; (5)

death.



## R-452 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4806

M.	E. CASE NO.									
l. (Ty	Pe or Print)					2. DATE AND	HOUR PRONOUNCE	D DEAD		
			NCY	ROLLINS		5-13-67			00 AM M.	
		TIMORE, MARYLAND, WI			A STATE Marylan		ceosed lived. Il insti B. COU		before odmission)	
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	WN (If outside o	corporate limits, write	RURAL ond giv	e township)	
	2721 NO	RTH CALVERT S	TREET -	Amb. Crew #3	Baltimo:		ve location)	/	4-0	
	00			TAMBE OF CW 115		Calvert				
5. 9	EX	6. RACE		NEVER MARRIED DIVORCED(specily)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	II Under 1 Yr.	If Under 24 Hrs.	
F	'emale	White		rried	3/1/40		27			
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	UNTRY?	
						Carolina		US		
13.	FATHER'S NAM	ΛĒ			14. MOTHER'S M	AIDEN NAME				
						Esther Hu	ghes			
		Of ever in U.S. ARMED		SECURITY NO.	17. INFORM ANT			ADDRESS		
	No				Thomas Mo	Afee Fun	eral Home	Greenvil	le, S.C.	
	1B 9	7012		CAUSE	OF DEATH				ET AND DEATH	
	DISEA	SE OR CONDITION DIE	ECTLY							
	LEADING TO DEATH  (This does not mean the mode of dying e.g., DUE TO									
	heort foilure	, osthenio, etc. It meons mplicotion which coused o	the disease, leath.)							
	ANTECEDENT CAUSES									
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)DUE TO					0 40 - 0 40 40 60 60 747 40 6-0	
		IE ABOVE CAUSE (A) ST	ATING THE							
Z				(C)					•••••••••	
¥		II		10						
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
CERTIFICATION		F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY		B. IF YES, WERE FIN		DERED	
	2				Yes	3				
MEDICAL	UNDERLYING	CAUSE WAS	home	PLACE OF INJURY (e.g., i , form, foctory, street, o	in or obout 21 C. V	WHERE DID (If	in Boltimore City, giv	e exact location		
鱼	1	ISE OF DEATH.	etc.)	Home		2721 N	. Calvert S	treet	<-03	
2	OF INJURY	(Month) (Doy) (Year)	1E. INJURY OCCURRED	OW DID INJUR	OCCUR?					
	(APPROX.)	5 12 '67	A w	VHILE AT NOT V	ORK X I	ngested o	verdose of	barbitu	rate	
	22. I cer	tify that I held an Ir	quiry	Inspection Aut	apsy X and	d that an this	basis, death In m	v opinian		
	resu	Ited fram: Natural cau		sccident Suicide			determined manne			
		1,100				EDICAL EXA		123.1		
	ACTUA	- Musical	zh:	7 = (				DA	TE SIGNED	
	SIGNAT		, -(	M. D.	ASSOCIATE M			5-	13-67	
	NAME (		. SPITZ	, M.D.	ASSOCIATE M	LDICAL LAA	MINER	<i>J</i> -	13-07	
	MOVAL (Specif		23	C. NAME OF CEMETERY O	CREMATORY	23D. LOC	CATION (City,	town, or county)	(Stote)	
	Buria		7 W	oodlawn Memor	ial Park	C	reenville	0.0		
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	reenville,	ADDRE	SS	
		MAI 14 196/	Obla	DE. Jakey M.	Wm. C	ook-Brool	ks Inc. Bal	Ltimore,	Md. 21202	
VS	151-REV. 1/1/	165-9-71	1 0	6700	0 1 0	1 17				
			1 7	O / W	1 6 6	1 0				

and elements. land the second of the second

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Wm. Cook-Brooks Inc. Baltimore, Md.

SD

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V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

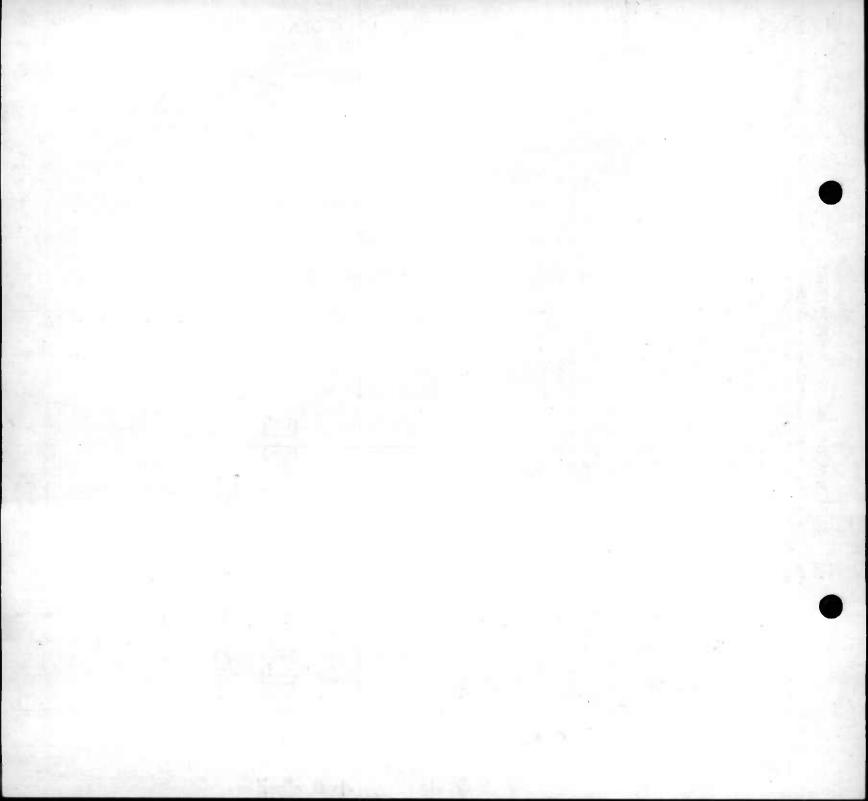
If Under 24 Hrs.

ADDRESS

DE RESTRICTE DE LA CONTRACTOR DE LA CONT 

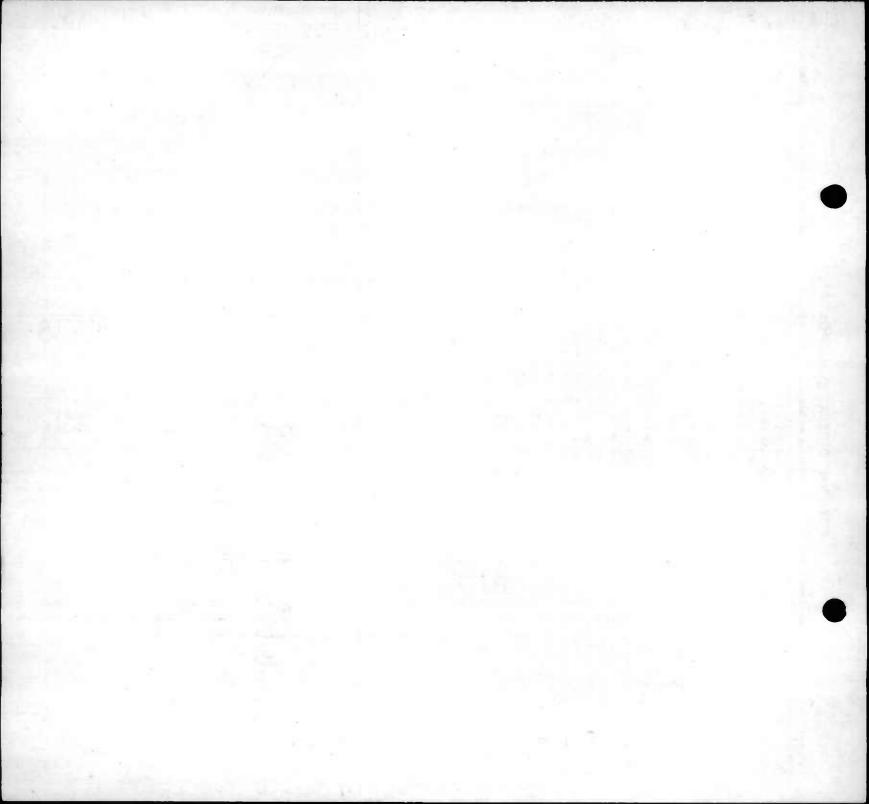
## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).

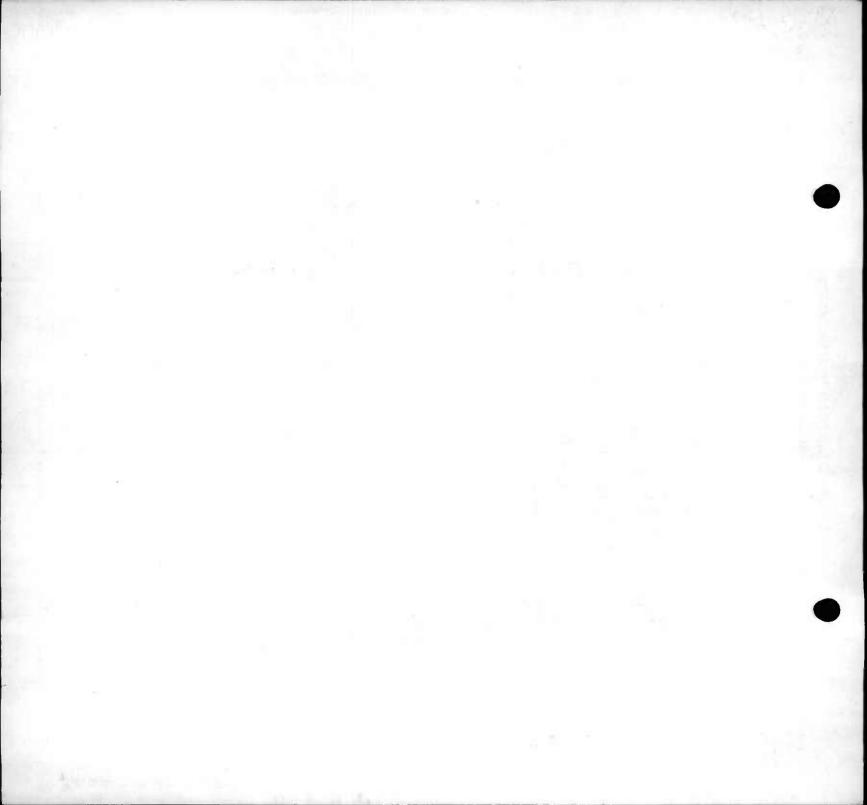
17-748	BALTIMORE CITY	HEALTH DEPARTMENT		E'Y ADDO L
BIRTH NO. 0/ 4808 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	0/ 4000
NAME OF DECEASED	CAMPON	2. DATE AND	HOUR OF DEATH	120
	GOMERY.		4.24.67	6.50 P.
PLACE OF DEATH IN BALTIMORE, MARYLAND	g.	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		tion: residence before odmissi
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) tNSTITUTION		C. CITY OR TOWN Alf outsi	de city limits, write RUR.	AL and give (ownship)
UNIVERSITY OF MAR	YLAND HOSPITAL	Ballem	are #2	1217
3 & BALTITORE	/	153-4 WOO	al, give location)	At.
70"	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE/III years	Under 1 Yr. , If Under 24 h
M N WID	OWED, DIVORCED (specify)	4.21.67	st birthday) M	onths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY			2. CITIZEN OF
	* Samuel Control of the Control of t	BALTIMOR	e, 77)	U. S.A.
3. FATHER'S NAME	TONT CONDENT	14. MOTHER'S MAIDEN NAMI	a d	4
EVEENE FAISON !	100160187	LINDA MO	NIGOTE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B.	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A. De	talectusis		
(This daes not mean the made of dying, heart failure, asthenia, etc. II means the disc		<u> </u>		••••••••••••••••••••••••
injury or camplication which coused death.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Immat with	737 gms	
ANTECEDENT CAUSES	(B) DUE TO		+ LUAN	•••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, if any, g		,	act but	
UNDERLYING CONDITION last.		000000000000000000000000000000000000000		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO				
U 19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED
WAS PERFORMED	*Million and an artist of the	45	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(It in Boltimore Ci	ty, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work			
22. I certify that (1) (this hospital) attend		4:7-1: 10	67 to 4	.24.67 19
that (1) (we) lost saw the deceased alive		7 19 ond that		
ond hour and from the causes stated abay			(out) opinidi	. Soon occorred on the (
23A. SIGNATURE	The state of the s	The bady offer deoffi.	23	B, DATE SIGNED
Harole V	remel. M.D. Atte	minding Med. Sinding Director P	off nys.	4:24.67
23C. PHYSICIAN'S NAME (Type) HAROLD B		23D. ADDRESS	Maryland Hos	ntel
4A. BURIAL CREMATION, 248. DATE 2	C. NAME OF CEMETERY OF CRE	MATORY 24D LOG	CATION (City. )	own, ar county) (State
REMOVAL (Specify) 5-8-67		INIVEDO		SCHOOL
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	TITLA E TATCHTA	OCI & TADDRESS
MAY 171967 R 0	1 2 FallenMA	HUSP	HAL DISP	USAL
/S 150-REV. 1/1/65	0 7 0 0 1	0 8 7		



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

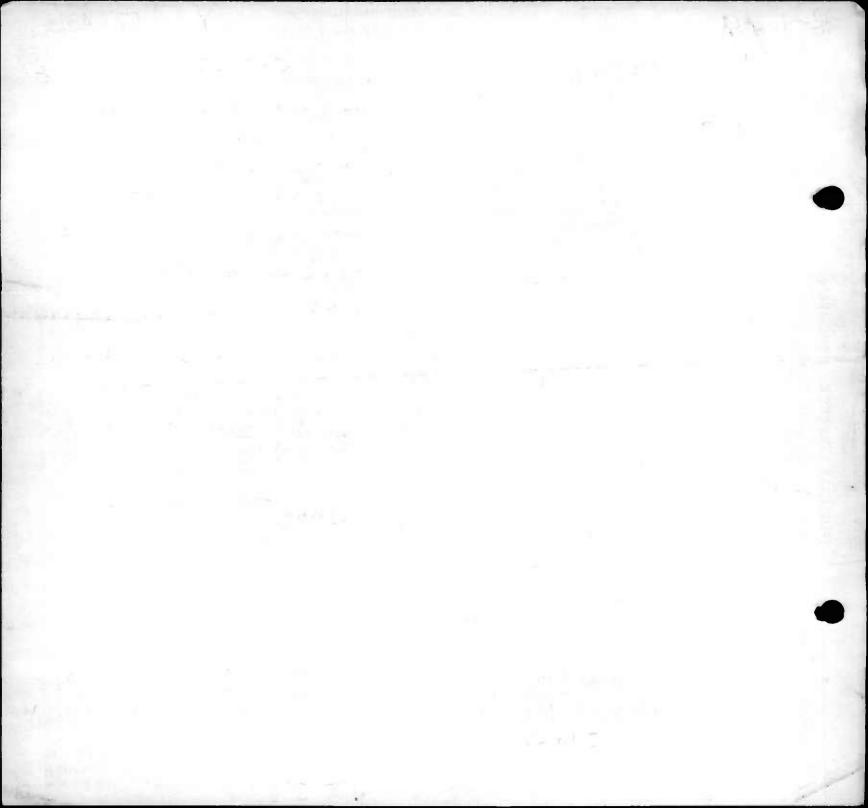
67-08273	BALTIMORE CI	TY HEALTH DEPARTMENT	67 4809
BIRTH NO. D/ 40U3	CERTIFIC	ATE OF DEATH Registered	10. 40.3
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) HENRY, BABY	Boy	2. DATE AND HOUR OF DEA	1 12:30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution; residence before admiss
FULL NAME OF (If not in hospital ar institut HOSPITAL OR oddress or location)	ian, give street	C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township
3 8 UNIV. OF MARYLAND	HOSPITAL.	D. STREET ADDRESS (Il rufol, give locotion	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	Months Doys Hours Mir
IGA, USUAL OCCUPATION (Give kind of work 108, KIN) done during mast of working life, even if retired)	OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
and the same of th		BALT, MD,	USH.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		CLAUDIA #	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
The state of the s	SECORITI NO.	INFANTO CHART	
1B. 2 3 4	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) HY	POVOLEMIA	Life
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise			
injury or complication which caused death.)		AVIR DAM NI AMMERIT	1:00
ANTECEDENT CAUSES	DUE TO	OXIC BRAID DAMAGE	- A/FE
DISEASES OR CONDITIONS, if ony, gi	ta	EMATURITY	1.6
rise to the above cause (A) stating UNDERLYING CONDITION lost.	me (C) 9-R	EVANT GRILY	
11 30			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicot exominer)	21B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	imore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Wo		
22. I certify that (D)(this haspital) ottend			4-29 19 6
		19 6 7 and that in (aur)	aninian death accurred on the
			opon death accorred oil the
ond haur and from the couses stated above	те. В) (те) (did) (отдаже	y view the body after death.	23 B. DATE SIGNED
Mary & King		Attending Med. Stoff	11-16/7
y wry c. fell	P	hys. Director Phys. [23]	4-27-6/
MARY. E. KEELE	R M.	ANA	petal - MAND
REMOVAL (Specify) 5-8-67	C. NAME of CEMETERY OF	UNIVERSITY MED	CAL SCHOOL
25A, DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS ISPOSAT,
VS 150-REV. 1/1/65	6 7 0 0	0 0 0	

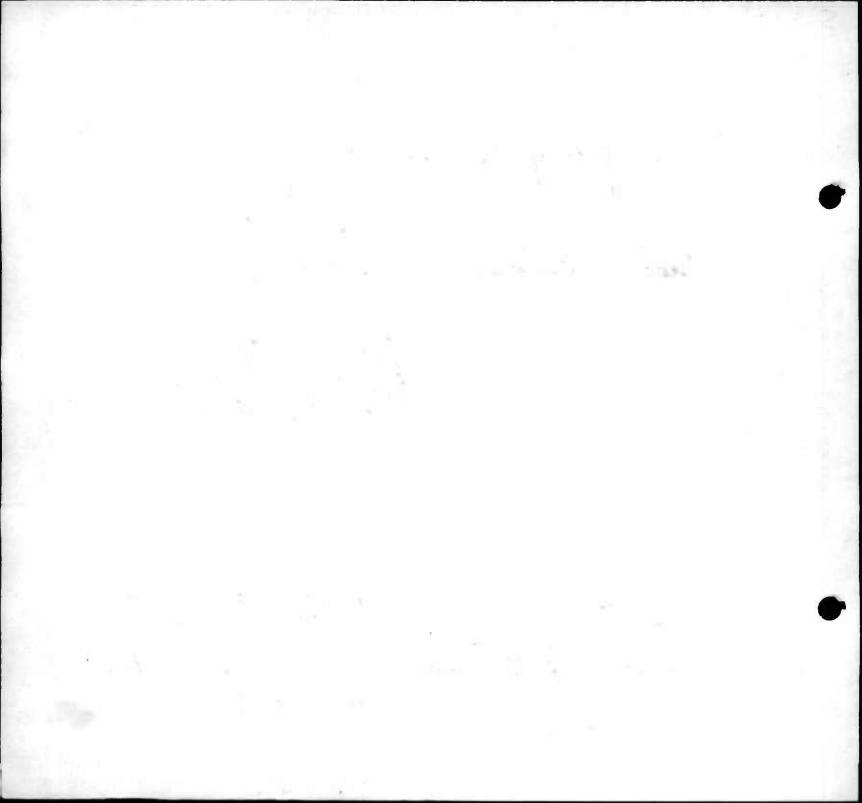




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4-620	BIRT	H NO. 67 481
and eath ased the Such		CASE NO.
- 9 B W	(Ty	oe or Print) WEND
hospital use of d (5) Dece dance on death.	3. 1	LACE OF DEATH IN BALTIM
hospite Jse of (5) Dec lance death.		FULL NAME OF (If not in
a hos cause se; (5) andan	1	OSPITAL OR oddress
- 3	7	3/1/
h occurred in contributing etermined cau n regular attentions ande.	T.	BALTIMORE, A
ine ine	5. \$	EX 6. RACE
assistant if death occurred if the direct or contribution by kind; (4) Undetermined of death was in regular of dance on the deceased print final disposition is made.	163	USUAL OCCUPATION (Give k
deter in in ion		e during most of working life, even
deat Undu	13.	FATHER'S NAME
NT int if de direct o direct o direct o on the or on the odisposite		TATION S HAME
A digital	15.	Was Deceased Ever in U. S. A
IMPORTANT or his assistant if death Also, if the direct or content of any kind; (4) Undet ounced death was in attendance on the decent	(Yes	s, no of unknown) (If yes, give w
POR ass ass any ced any or fi	-	18. 7 - 1
IMPORTA or his assist Also, if the e of any kin nounced de attendance med or fina		DISEASE OR CONDIT
or his Also, nound atten		LEADING TO
ner or his aster. Also, if terre of any pronounced par attenda hall mall med or neall med or nea		hearf failure, asthenia, etc.
RECTOR: IMP lexaminer or hi examiner. Also, (3) A fracture of n who pronoun in regular atter in regular atter		ANTECEDENT
xam camin Afr who regu		DISEASES OR CONDITIO
FUNERAL DIRECTOR:  ne chief medical examiner.  by a medical examiner.  2) Body burns; (3) A fracture the physician who prophysician who prophysician was in regular fore the remains are emba		rise Ia The abave cau UNDERLYING CONDITION
RAL DIR f medical e medical e y burns; (3 physician ian was ir	z	OTHER SIGNIFICANT COND
A Med	ATIO	TO THE DEATH BUT NO DISEASE OR CONDITION CO
chief y a rr Body the p	CERTIFICATION	19A. DATE OF OPERATION
C C C C C C C C C C C C C C C C C C C	CERT	21A. ACCIDENT WAS UNDE
	Ι.	OR CONTRIBUTING CAUSI DEATH (natify medical examin
ved by the hospital nature; ept whe d (6) No ained be	MEDICAL	21D. TIME (Month) (Day OF INJURY
roved by the hosp of the hosp	>	(APPROX.)
the the and obto		22. I certify that (this
of an of be of be of		that (I) (we) lost saw the
ist be assed to dent of ospita death must b		and hour and from the cau
ate must be app as released to the an accident of an ara a hospital (e rior to death); c		23A. SIGNATURE
rele accident		23C. PHYSICIAN'S
rificate must be a y was released to (1) An accident of A. at a hospital d prior to death) approval must by		NAMERITYPE AND C.
A. A. d p	244	BURIAL CREMATION, 248.
		REMOVAL (Specify)
This cer the bod shows: was D.C decase	25 A	. DATE REC'D BY HEALTH D
たれる きゅう		MAY 1719

+	Cenne arundel, mo	BALTIMORE CITY	HEALTH DEPARTMENT	V	67 1011
- 11	RTH NO. OF TOLL	CERTIFICA	TE OF DEATH	Registered Na	07 4011
1 4	NAME OF DECEASED  YPE OF PRINT! WANTED	01.6	2. DATE AN	D HOUR OF DEATH	
11		ARKS	5 -	7-61	Д м.
3.	4 2 -	10	A. STATE B. COUN	y deceased lived. If ins	stitution: residence before admission)
	FULL NAME OF (If not in haspital or institution HOSPITAL OR oddress or location)	n, give sheel	MANYland	Quie	Hrundel
1	ANICTITUTIONI	T = P =		side cily limits, write R	URAL and give lawnship)
1	SINA Hospi	(at IDALTINE	DASTREET ADDRESS (III	ural, give location)	2000
V	BALTIMORE, MARYLAND	from HAPPI I FILL	2602 -	223 = st.	
5,	SEX 6. RACE 7. MARRIE WIDOW	D, NEVER MARRIED VED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	DA. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreig	gn country)	12. CITIZEN OF
d	ane during most of working life, even if retired)		MAROLLO	0	WHAT COUNTRY?
1:	3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE)	31
			Ellen	Youth	\$
1:0	o. Was Deceased Ever in U. S. Armed Farces? es, no or unknown) (If yes, give war ar dales of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2602	ZZ 3 d ST
	NS	JECOKIII NO.	PARENTS	Pascedo	
r	18. 7 /	CAUSE O		,	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	MAS	3008		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.	(A) HSI	Watrono In	emorna	Shows
	heart failure, asthenia, etc. It means the diseas injury ar camplication which caused death.)			0 ,	
	ANTECEDENT CAUSES	(B) CON	Julians While	freduip.	
	DISEASES OR CONDITIONS, if any, givin	DUE TO	genual delsili	ty	
	rise to the above cause (A) stating th	(c) M1	crocephaly o	Multiple	anguelal
	II		Cenontel	.03	9
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
1	WAS PERFORMED	R WHICH OPERATION	20 AyAUTOPSY? (Yes on Hot	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
:	OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ome, farm, foctory, street, a ic.)	fice bidg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
	UF INJURY	E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
-	≥ (ABPROVI	While At Nat While Nork Nat Wark			
	22. I certify that (this hospital) attended	the deceased from	Pril	9 67 to A	Ay 6 19 67
	that (I) (we) lost saw the deceased alive an				nian death accurred an the date
	and hour and from the causes stated above,		iew the body after deoth.	$\circ$	
	23A. SIGN ATURE			> 4	23B. DATE SIGNED
	- Clauces Hanles	M.D. Alle	ending Med. Director	Stoff Phy s.	5-7-67
	23 C. PHYSICIAN'S NAME <sub>f</sub> (Type)	0	23D. ADDRESS HAPPY	talls t	tospital +
	ANANCES HARL	ey M.D.	Sinai f	tospi lal	, BALT. MARYLAW
2	REMOVAL (Specify)	NAME of CEMETERY OF CRI	MATORY ALVA J240. LC	CATION , (Cit	y, town, or county) I L. F. (Story
	5-10-67	1	IINIVISES	17 7 1000	CAL SCHOOL
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	2SC. FUNERAL DIRECTOR	TADY CER	ADDRESS TO CHIED
	MAY 17 196/ 18 30	Z INTO A DECEMBE	MAUNA	JARI SER	VICE - BCHB
٧	S 150-REV. 1/1/65		4 6 2 6		



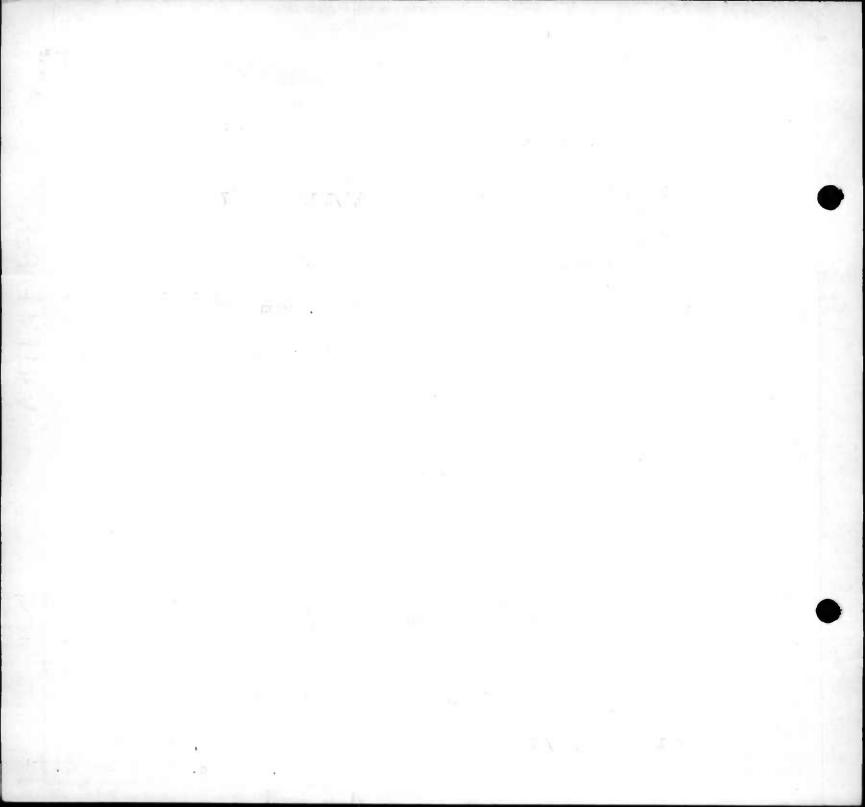


FUNERAL DIRECTOR: IMPORTANT	K	1-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	in a hospital and	-
the body was released to the hospital by a medical examiner. Also, it the direct of contributing cause of dearn shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	cause; (5) Deceased	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ior to death. Such	ما
written approval must be obtained before the remains are embalmed or final disposition is made.		

	67-07482	BALTIMORE CITY	HEALTH DEPARTMENT		67 4813
	H NO. 0/ 4813	CERTIFICA	TE OF DEATH	Resilvered No	2020
1. N	AME OF DECEASED BARN BOY	King	2. DATE AN	HOUR OF DEATH	1035 A
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	re deceased lived. It ins	titutions residence before admission
-	ULL NAME OF (If not in hospital or institution, gooddess or (acction)	, 0	0	tside city (imits, write R	URAL and give township)
	42 BALTO Md	spital	D. STREET ADDRESS	prolypive location)	28-01
5. <b>S</b>		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	M Node 2 V W Water 24 H
D. 3		, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF eduring most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. [	FATHER'S NAME		14. MOTHERS MAIDEN NAI	WE G	
	William Lourson		Juanita	King	
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (It yes, give war or dates at service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 7	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A)	1 MMA TURITY	10409A	s // hr
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		-7	- o wee br	tatus
	ANTECEDENT CAUSES	(B)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	DISEASES OR CONDITIONS, if ony, giving				
	rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
FICA	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR V WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	21	L.	ye 5		
	21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notity medical examiner)	e, form, foctory, street, o	n or obout 2TC. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
ō	OF INJURY	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	1,9
	(APPROX) Wor	k At Work		1 3	41
	22. I certify that (this haspital) attended th				11.2 19.67
	that (I) (we) lost saw the deceosed alive on ond haur and from the couses stated above. (I			ot in (m)v) (our) apin	ion death occurred on the do
	23A. SIGNATURE	(48) (610) (610 180)	riew the body offer deoffi.		23B, DATE SIGNED
	file frem	M.D. Att	ending Med. Director	Stoff Phys.	4/13/67
- 2	PACE PHYSICIAM'S NAME (Type), LOVE L. FINE, M	) M.D.	23D. ADDRESS	ospital	
24A	REMOVAL (Specify)	ME of CEMETERY OF CR	1/8	OCATION (Cit	y, town, or county)
25A	S - 10-6 /	F REGISTRAR	25C, FUNERAL DIRECTOR	7 1:00	AL SCHOOL
		B- E Falleum	Mark Co. 10 CO. 3 T	ARY SERV	ICE - BCHD
VS	150-REV. 1/1/65	7 0 0	1 4 8 2 2		

and the same of th 4:1

CD ADAA BALTIMORE	CITY HEALTH DEPARTMENT	017 4044
	CATE OF DEATH Registered No.	67 4814
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	1 4 C A
	RAUN 5-17-67	4.40 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution A, STATE B. COUNTY	on: residence before odmission/
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland C. CITY OR TOWN (II outside city limits, write RURA)	ond give township) — 👄
INSTITUTION FROM MILES RA	BALTIMORE	21-38
institution 5726 Maple Hill Rd	D. STREET ADDRESS (If rurol, give locotion) 1 PP	Rol
5. SEX Female White The Married Specify Married Formula Tried	6/4/1919   lost birthdoy)   Mor	Jnder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work   10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.211
Thomas Novak	ALMA HENCH	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   No.   218 23 50	Paul J. Braun HUBBAND	5726 Maplethell
	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	END CARCINOMO BRIEST	3 1/0015
(This does not mean the made of dying, e.g., DUE 10 heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	DENO CARCINOMA BREAST LEFE	JYERNS
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, if ony, giving use to the above cause (A) stating the (C)UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ucho preumo vie	
U 19A, DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
June 1764 adenoca inom	NO (II in Boltimore City	, give exact facation)
OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	et, office bldg., INJURY OCCUR?	, give exact localoni
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹   While At   Not	While Wark	
22. I certify that (I) (this hospital) attended the deceased fram	June 1964 10 5-1	6 19647
that (I) (we) last saw the deceased alive an		
and haur and fram the causes stated above. (1) (We) (did) (dld no	at) view the bady after death.	
23A. SIGNATURE SULVO M.D.		5-17-67
23C. PHYSICIANS NAME (Type) SEBASTIAN RUSSO	M.D. SOIT HARFORD	Road
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D_ LOCATION (City, to	wn, or county) (State)
Burial 5/20/67 GlenHaven Ceme	etery Baltimore, Maryl.	an d
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 17 1967	25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305	ADDRESS
VS 150-REV. 1/1/65	0 4 8 9 3	



IMPORTANT FUNERAL DIRECTOR:

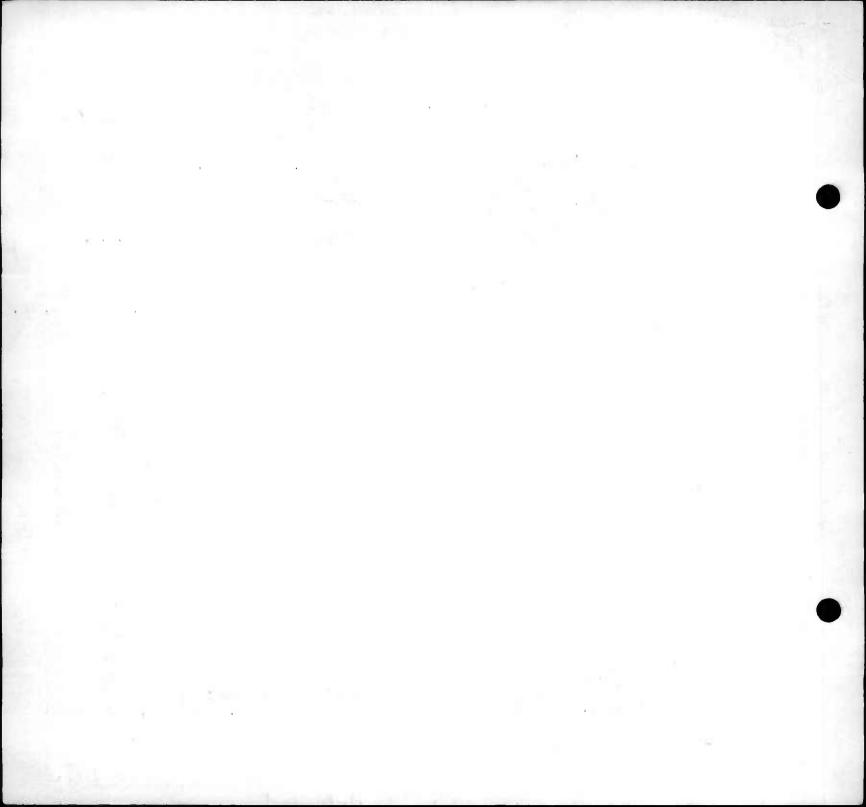
25A. DATE REC'D #%

VS 150-REV. 1/1/65

HEALTH

DEP!

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS #21224 BCH: Records 4940 Eastern Ave. Baltimore, Md. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (our) apinian death accurred an the date 23B. DATE SIGNED 5.11.67 4940 Eastern Ave. Baltimore, Maryland#21224 (City, town, or county) Balto 258, NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS

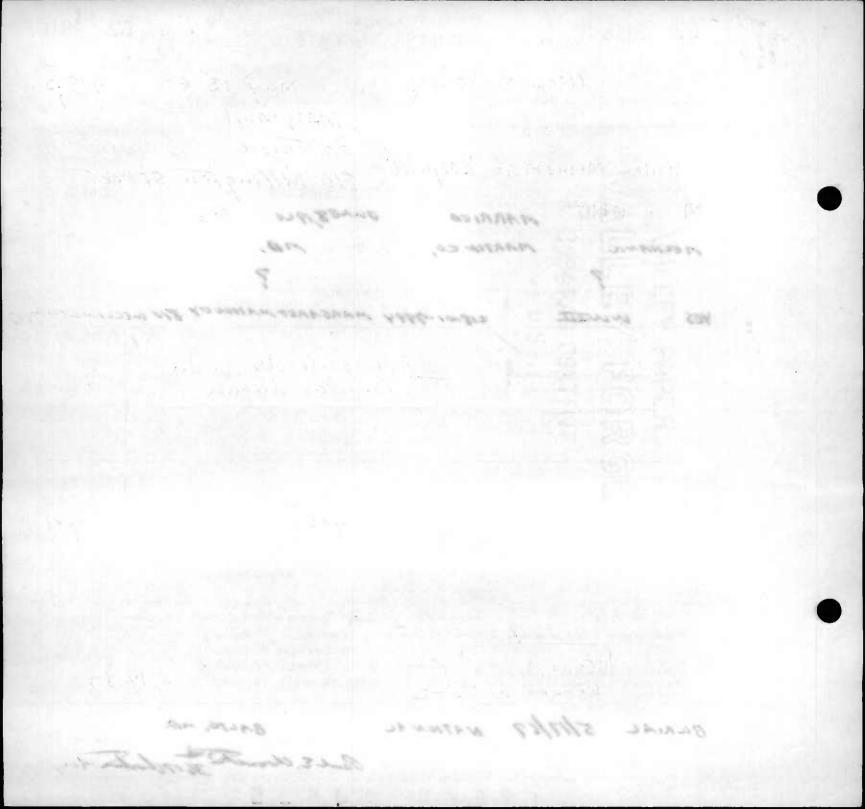


baltimore city Health DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4816

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 4816

M.	E. CASE NO.									
1. (Ty	NAME OF DEC	EASED W	illia	m Mo	ahoney		May	HOUR PRONOUNCE	DEAD T	910 P
3.	PLACE IN BALT	IMORE, MAR	YLAND, WE	TERE PRONOL	INCED DEAD	4. USUAL RES	IDEN CE (Whose d	eceased lived. If ins	titution: resid	dence befare admission)
HC	LL NAME OF	(IF NOT I	N HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO	ary la outside	carparate limits, writ		nd give township)
k	Uni	ion N	lemo	rial	Hospital	D. STREET AD		give lacation)	str	eet
5. 5	SEX	6. RACE	,		NEVER MARRIED DIVORCED(specify)	B. DATE OF BI	RTH	AGE (In years	If Under	1 Yr. If Under 24 Hrs. Days   Haurs   Min.
	וא	Whi	te	MARI	RIGO	JUNES	1,1920	46		- Trouis Trini
	O. USUAL OCCL	vorking life, eve			BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State ar foreign	cauntry)	12. CITIZI WHA	EN OF T COUNTRY?
13,	FATHER'S NAM	?				14. MOTHER'S	MAIDEN NAME			
	WAS DECEASE				16. SOCIAL	17. INFORMAN	T /		ADDRESS	
	s, na ar unknawn) YES	in yes, give		at service)	SECURITY NO.	MARG	ARETMA	HOVEY 8	10 lus	CUMETON
	18.	19 1			CAUSE	OF DEATH				INTERVAL BETWEEN
	DICTAC	1	NEION DIE	ran v		01 507111				ONSET AND DEATH
	DISEAS	LEADING T		ECILY	42	ening.	Constra	cardia	_	
	(This does n	at mean the	made of	dying, e.g., the disease,	BUS TO	A . O	AL INDIAC	ease		
	injury or con	nplication which	ch caused d	eath.)	V	ascuto	ar dis	ease		
	A	NTECEDENT	CAUSES							
	DISEASES	OR CONDITI	ONS, IF AN	NY, GIVING	DUE TO					
	UNDERLYIN	G CONDITION	ON LAST.	ATING THE						
O					(C)					
CERTIFICATION	TO THE	II VIFICANT CO DEATH BUT	NOT REL	ATED TO T						
RTI	19A, DATE OF	OPERATION			WHICH OPERATION	20A AUTOP	SY2 (Yes at No) 12	OB. IF YES, WERE FI	INDINGS C	ONSIDERED
S	2		WAS PERF		The state of the s	40	. 1	N CERTIFYING CAU		
A	21 A. EXTERNAL			218.	PLACE OF INJURY (e.g.,	in ar about 21C.	WHERE DID (III	in Baltimare City, g	ive exact la	
MEDICAL	UTING CAU			hame, etc.)	, farm, factory, street, a	ffice bldg., INJU	RY OCCUR?			
X	21 D TIME	(Month) (D	ay) (Year)	(Hour) 2	IE, INJURY OCCURRED	21 F.	IULNI DID WOH	RY OCCUR?		
	OF INJURY (APPROX.)			V	VHILE AT NOT	WHILE				
	22.			m. V	VORK L AT W	ORK 🔲				
	I cert	ify that I he	ld an In	quiry	Inspection Aut	apsy C	nd that on this	basis, death in i	my opinior	1
	result	ted from: N	atural cau	ses X A	ccident Suicide	e Homi	cide U	ndetermined monn	er	
	ACTUAL	1		. (			MEDICAL EXA	-		DATE SIGNED
	SIGNATI		Sul	ha	M.D.	ASSISTANT	MEDICAL EXA	AMINER X	- 110	
	EXAMIN NAME (1	Type)	Jerne	er u)	Spire	ASSOCIATE	MEDICAL EX	AMINER	5,14	167
	MOVAL (Specify	)	B. DATE	230		CREMATORY	23 D. LO		, tawn, or c	caunty) (State)
	BURIA		5/17/	67	NATIONAL	1000	B	16TE, MA	·-	
24/	A. DATE REC'D				OF REGISTRAR		RAL DIRECTOR			DDRESS
		MAY 1	7 1967	(12 Ve.	U. E. Farbermy	Paul	-E. Chara	2/ 1/	rchart	So Ave,
146	141 2514 1/1/							2011		



TR. W. S. S. Marchen Walnut & Com. 27

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Fel Tilleren Fr. H. Hartman II.

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FUNERAL DIRECTOR: IMPORTANT	al	=	3	an.	ins
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	FOV	he	IY n	XCO	bta
	ddb	10	fan	9	96
	pe	pe	110	pita	st k
	ust	eds	de	SOL	E C
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	re	220	0	deceased prior to dearn); and (b) no pnysician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.
	icat	Was	An	L 01	pric
	rtifi	dy	$\Xi$	O	ם ב
	5 CB	Por	WS:	S D	Her
	Thi	the	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 📉	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	× Z

1		ALTIMORE CITY	HEALTH DEPARTMENT		C) Inv
O	BIRTH NO. 67 4818 C	ERTIFICA	TE OF DEATH	Registered No	67 4818
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  ROSE  E  E  L  ROSE  T  ROSE  T  ROSE  ROSE	14-		HOUR OF DEATH	-1 1.
	3. PLACE OF DEATH, IN BALTIMORE, MARYLAND	77 10		5 am	5/4-9/ M. tution: residence before admission)
	North choices general	Hasp	A. STATE B. COUNTY		ionom testacines pelote odinassioni
	FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR oddress or location)	· V	C. CITY OR TOWN (If outsi	de city limits, write RU	RAL and give township)
	NOITUTITZNI		Baltimore	/	12-07
6	449		1910 1	ol, give location)	
ge.	5. SEX   6. RACE /   7. MARRIED, NEVER /	MARRIED		AGE (In years	If Under 1 Yr If Under 24 Hrs.
TION IS MAG	(WIDOWED) DIVOR			birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
=	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINES done during most of working life, even if retired)	S OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	PRES OPERATOR INS. CO.		marylans		USA
	13. FATHERS NAME		14. MOTHER'S MAIDEN NAMI		
	Cows of J		ELLA		
		JRITY NO.	17. INFORMANT	41100	ADDRESS
١	212	-07-054	/ -	121	1 COCHRANAU
	DISEASE OR CONDITION DIRECTLY	CAUSE OF		,	ONSET AND DEATH
	LEADING TO DEATH	(A)	anemia	hage	months
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUETO		8	
	injury or complication which caused death.)	(P)	anemile		malles
	DISEASES OR CONDITIONS, if any, giving	DUE TO			and the state of t
	rise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION last.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	orken	sons derive	Land	many exterior
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED NEVERON	PERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	IDINGS CONSIDERED
	5-12-6> 6 5 Nemor	rluge	A STATE OF THE STA		
	OR CONTRIBUTING CAUSE OF home, form, etc.)	foctory, street, off	or obout 21 C. WHERE DID injury OCCUR?	(If in bollimore (	City, give exact location)
	Ω 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED	21 F. HOW DID INJU	Y OCCUR?	
	While At Work	Not White At Work			
	22. I certify that (I) (this hospital) attended the dece		5- 19 19	40 to	5-14 1967.
	that (1) (we) lost sow the deceased alive on 27		( 19 ( > ond that	in (my) (our) opini	on death occurred on the date
	and hour and from the causes stated above. (1) (We) (				
	23A. SIGNATURE			- 2	3B. DATE SIGNED
	5. S. Marali	M.D. Atter		ny s	5-14-67
	23C. PHYSICIAN'SNAME (Type)	2	3D. ADDRESS	1 10	1
	Marion Lrudon	M.D.	Hay	and the	<u></u>
	24A. BURIAL CREMATION, REMOVAL (Specify)	EMETERY or CRE			town, or countyl (Stotel
	BURIAL 5/17/67 BAUT	DAD	DA L	TG, MD.	ADDRESS
	MAY 171067 00 6 9	Fadenta	Rolf Cla	1373111	They and I'm
-	VS 150-REV. 1/1/65	C 1	0 4 8 9 7	2611	46-6

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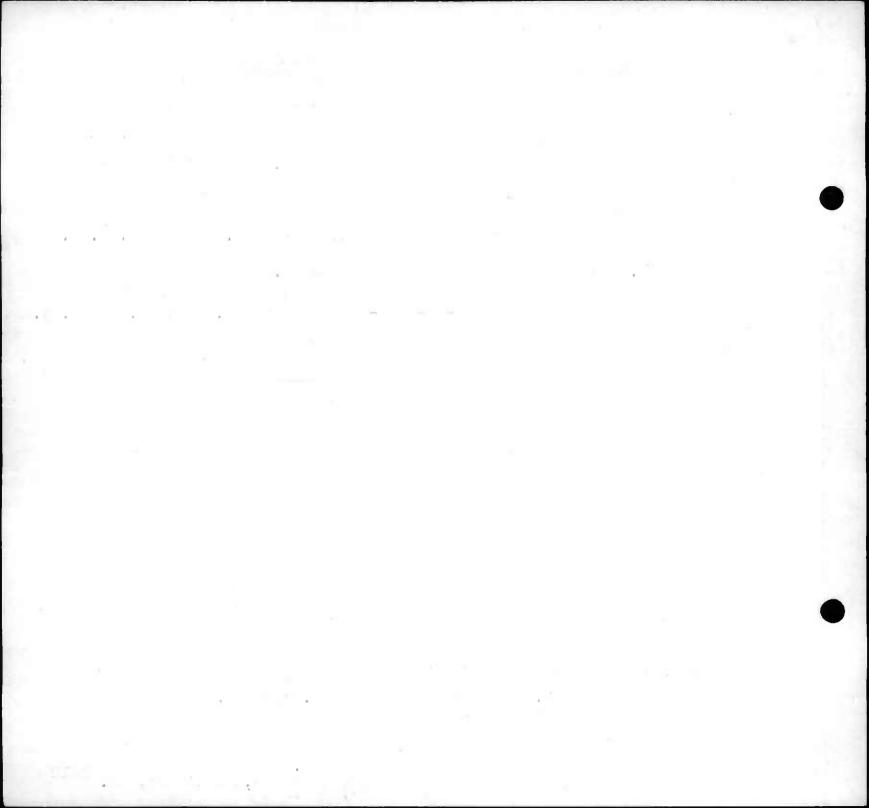
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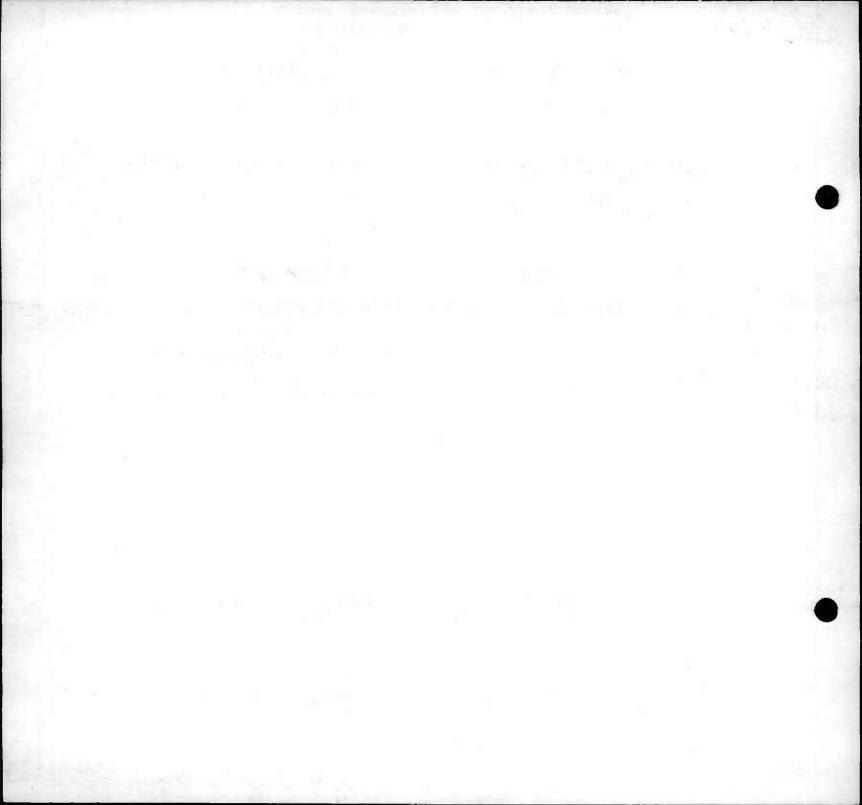
TE E I E

Such

		BALTIMORE CITY	HEALTH DEPARTMENT		CM 4000
BIRTH NO. 67 48		CERTIFICA	TE OF DEATH	Registered No	67 4820
1. NAME OF DECEASED			2, DATE AN	ID HOUR OF DEATH	
Helen Lee	Higgins		5/15/	/67	10:50 P.M.
3. PLACE OF DEATH IN BALTIMORE	MARYLAND		4. USUAL RESIDENCE (When	re deceased lived, If ins	titution: residence before odmission)
FULL NAME OF (If not in has HOSPITAL OR address or la INSTITUTION	pitat or institution, give cation)	e street		tside city limits, write R	URAL and give toweship)
Gould Convales	sarium		Baltimore  D. STREET ADDRESS (IF	rural, give lacation)	7-00
10			1714 E. 3	30th Stree	
5. SEX 6. RACE	7. MARRIED, N WIDOWED,	EVER MARRIED DIVORCED (specify)		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs: Min.
F White	Widow	ied	9/23/1875	91	12. CITIZEN OF
done during most of working life, even if reti	red)				WHAT COUNTRY?
Housewife 13. FATHER'S NAME	Own H	lome	Baltimore,  14. MOTHERS MAIDEN NAM	Md.	U. S. A.
John H. Lee	d Forces?		Mary E. I		ADDRESS
(Yes, na ar unknawn) (If yes, give war ar		SECURITY NO.		Lee Matther	
NO IB.		20-48-4003 CAUSE OF		O St. Paul	St. Balto Md.
DISEASE OR CONDITION	DIRECTLY			**	ONSET AND DEATH
LEADING TO DE		(A) art	Enselvatie (	2-V disees	e 10 md.
(This does not mean the made heart foilure, astheria, etc. It m injury at camplication which ca	eans the disease,	DUE TO			
ANTECEDENT CAL	<b>TZE2</b>	(B)		T-0 000 000 000 000 000 000 000 000 000	/
DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION last	(A) stoting the			***************************************	
II.	•				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE				
U 19A. DATE OF OPERATION 198.	CONDITION FOR WH	TCH OPERATION	NO	208. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 21B, PL hame, etc.)	ACE OF INJURY (e.g., in farm, factory, street, affi	ar about 21C. WHERE DID ce bidg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
OF INJURY (Day) ()	(ear) (Haur) 21 E. IN While	IJURY OCCURRED  AI Not While	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	Wark	AI Work			
22. I certify that (1) (this has			yarel 1	1958 to W	ay 15, 1967.
ond hour ond from the couses		*		ot in(my) (o <del>ur)</del> opIn	ion beoth occurred on the dote
23A. SIGNATURE		1			23B. DATE SIGNED
Wry. D. Ja	enje	Phys.		Stoff Phy s.	5.16.67
23C. PHYSICIAM'S NAME (Type) William	n H. Grenz	zer M.D.	1520 E. 33rd	i St.	
24A. BURIAL CREMATION, 24B. DAT REMOVAL ISpecify)	E 24C. NAM	E of CEMETERY of CREA	MATORY 24D. LC	OCATION (City	y, tawn, ar county) (State)
Burial 5/18	/67 Oak	Lawn Comet	erv	Baltimore	County, Marylan
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF		25C. FUNERAL DIRECTOR	nkins & So	DE CO ADDRESS
MAY 1819	967, 60 6	· E Jalien MA	1905 York Bo	d. Baltimo	re. Md. 21212

Md.





## FUNERAL DIRECTOR: IMPORTANT

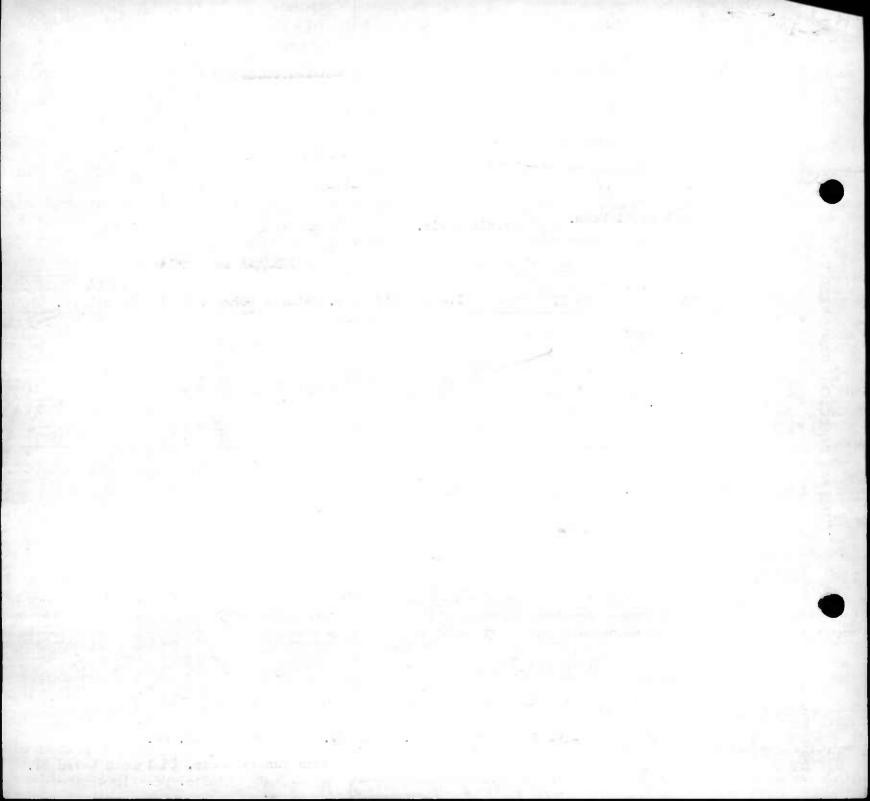
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Geceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

67 4000	BALTIMORE CITY	HEALTH DEPARTMENT		017 4000
BIRTH NO. 67. 4822	CERTIFICA	TE OF DEATH	Registered No	67 4822
M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) FISA Kuner	+	17/	1,44 67	15:20 A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e degeosed lived. If ins	titution: residence before admission)
The state of the s		A. STATE   B. COUN'	TY	
FULL NAME OF (If not in hospital or institu	ution, give street	170.		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RI	JRAL ond give township)
	/	Assolto.		11-03
Hoped. Gen'l H	1050.	D. STREET ADDRESS (If I	urol, give location)	11
770 92000		801 Entan	151	
SEX 6. RACE 7. MA	PRIED NEVER MARRIED		, AGE (In years	If Under 1 Yr If Under 24 Hrs
E (1)	OWED DIVORCED (specify)	2/-/12	ost birthday)	Months Doys Hours Min.
	NIDOWED	9/10/83	83	
A. USUAL OCCUPATION (Sixe kind of work 108, King during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	gn country)	12. CITIZEN OF USA
ne during most or working life, even if retired)	Home	Germany		36,5,(?)
EATHERS NAME	1144	14. MOTHER'S MAIDEN NAM	A E	,
FATHER'S NAME		- MOINERS MAIDEN NAM	16	
/en		7		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	, II and a	t B. Kunert
es, no or unknown) (If yes, give wor or dotes of ser		grev, ac		
No	218-09-9688		White	Marsh, Md.
18. 4 2 2 1	CAUSE O	F DEATH	0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	(2)11	110 10 1	11/1	ONSET AND DEATH
LEADING TO DEATH	( ) Pli	oble (eveloral	Hot. 1000.	wosis 6ds
(This does not mean the mode of dying,				
heart failure, asthenia, etc. It means the dis		2 -		
injury or complication which caused death.)	4	SCUD		
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,	giving			
rise to the above cause (A) stating	the (C)	## COO COO CO C		
UNDERLYING CONDITION last.				
.   11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED			CEKIIFING CAU	JES OF DEATH:
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hourl	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	While At Not Whit			
	Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceosed from		9to	19
that (I) (we) lost sow the deceased alive	e on			
ond hour and from the couses stated about	ive. (i) (we) (did) (did not) v	new the body offer deoth.		
23A. SIGNATURE	/-			238. DATE SIGNED
1 H MIT	M.D. Atte	ending Med. Director	Stoff Phys Phys	17/1094 67
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) D.H. Griffin		Maryland Gen.	Hospital. H	Balto. Md.
	741.6.			
	4C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	y, town, or county) (State)
Burial 5-19-67	Bel Air Mem. Gar	den Cem. Re	l Air, Maryl	land.
44 5 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	* 1	ADDRESS
MAY 18 1967 102 9	SON CALCERONAL C	Widliam E.		21 Loch Raven Bl.
\$ 150-REV. 1/1/65			Balto.N	d. 21204

Edward Carrier pet lear 1 100 12 Enland Cir Devus o 2/10/87 258-09-16-15 Speece ad-@ Maddle Coreland And Twanter C. J. A50.02 171967 67

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		0.00	15	BALTIMORE CITY	HEALTH DEPARTMENT	1	67 6000
BI R	TH NO.	67 482	3	CERTIFICA	TE OF DEATH	Registered Na	07 4823
	E CASE NO.	ASED				ND HOUR OF DEATH	
		VELANCE 1	W. RO	HRER		5 16 67	7:30 AM
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		itution: residence before admission)
	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location		give street	C. CITY OR TOWN III	Uside city limits, write RU	RAL ond give Jownship)
'		l			TRUTIMO		53-00
C	38 AW	VERZIAA	HO571	TAL		ATER OAK	Ro.
5. 5	SEX M	6. RACE		NEVER MARRIED , DIVORCED (specily)	8. DATE OF BIRTH 7-30-02	9. AGE (In years lost birthdox)4	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
104	USUAL OCCU	PATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
don	Shoet We	of indirection	Bend	ix Radio.	LEUNE	1	WHAT COUNTRY?
13.	FATHER'S NAM		1		14. MOTHER'S MAIDEN NA		
		GEORGE	150/415	ER	/ZCCCX	XXX Lula Sche	gel
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		21204°
	Yes	WW II		178 05 6582	Mrs. Cathryn	Rohrer, 8451	Wateroak Rd.
-	18.092	XI		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		FOR CONDITION DIR LEADING TO DEATH	ECTLY		VIRAL H	500 41-15	ONGE! AND DEATH
		at mean the made at	dying, e.g.,	(A)	MINCHT W	13/14/1/12	
		asthenia, etc. It means plication which caused			11-00		
	A	NTECEDENT CAUSES		(B)	S MELEN	10 Cong	
		R CONDITIONS, if		000			
1 -		abave cause (A) CONDITION last.	slaling lhe	(C)			
		II II					
ATION	TO THE DE	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	Ē			
CERTIFICA	19A. DATE OF	OPERATION 198. CON WAS PERI		WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
¥	OR CONTRIBU	TING CAUSE OF medical examiner	218, hom etc.)	e, loim, loctory, street, of	or obout 21C. WHERE DID	(II in Boltimore	City, give exect locotion)
DIC	21 D. TIME	(Month) (Doy) (Yeoi)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ME	(APPROX.)		Whi	le At Not While			
	22. I certify	that (1)(this hospital			5115	19 6 7 ta 5	16 19 57
	- C	last saw the decease		-11	19 5 7 and 1	hat In(my) (aur) apini	an death accurred on the date
	and hour and	fram the causes stat	ed abave. (1	(We) (did) (did nat) v	iew the bady after death		
-	23A. SIGNATUI		,		,		238, DATE SIGNED
		is all M	ST Hom	M.D. Atte	nding Med. Director	Stoll Phy s.	5 16 67
	23C. PHYSICIAI	N'S pe)			23D. ADDRESS	15	
		WILLIAM	H. B	MIKER JRW.D.	UNIVERS	EX HOSCIENS	JALAS, MA
24/	REMOVAL (S	AATION, 248. DATE	24C. NA	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	town, or county)   (Stote)
	Buri			keview Mem. Pa	ark Cen.	Carroll Co. M	d.
25/	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	A T A	Johnson Fun		ADDRESS
	100 001/ 1/1/	MAY 18 1967	10 Clare	E Sarbentul	Olarson run	Balto. M	21 Loch Raven Bl.
V 5	150-REV. 1/1/6	5	7 0	/ 000	1 4 8 3 9	Dar oo M	~



LE CASE NO.										
NAME OF DEC	CEASED	~~ 4	***	24124			HOUR PRONOUNC	ED DEAD	0 00	700 4
PLACE IN BALT	CLAACIDE AAADY		NAH	MARX	HA LISUAL BEST		6-67 deceased lived. If inst	itution: rosi	2:30	PM M.
PLACE IN DAL	WORL WAR	CAITD, W	HERE PROMOD	NCED DEAD	A. STATE Marylar	od where	B. COL	YTY	delice belole	0 (1111 5 51011)
JLL NAME OF	(IF NOT IN	OR LOCA	AL OR INSTITU	TION, GIVE STREET			a carparate limits, write	RURAL	nd give towns	hip)
ISTITUTION					Baltimo	ore			14.	-01
1	AOO DADI	Z ATZELN	77 770		D. STREET ADD		give location)		//	
00	402 PARK	CAVED	TUE		1402 Pa	ark Aven	ue 21217			
SEX	6. RACE		7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	тн	9. AGE (In years last birthday)	If Unde	Toys Hours	er 24 Hrs.
emale	White	2	never n		July 9.	1899	XX 67			
A. USUAL OCCI			108 KIND OF	BUSINESS OR INDUSTR			n country)	12. CITIZ	EN OF	,
Housewij	fe	n remoo,	r	none	Richmon	d. Virg	inia		U.S.A.	
FATHER'S NAM					14. MOTHER'S N	MAIDEN NAMI				
Philip l					Mary M	orris				
WAS DECEASE				16. SO CIAL	17. INFORMANT			ADDRES	S	
s, no ar unknawn	Ill yes, give w	voi ar dote	s of service)	SECURITY NO.						
s, no ar unknawn	III yes, give v	voi ar dote	s of service)	220-44-6795	Howard A	. Sweet	en, Esq. 24	10 Md.	Nat'l	Bank
	(It yes, give v	voi ar dote	s of service)	220-44-6795	Howard A	. Sweet	en, Esq. 24	10 Md.	INTERVAL 8	ETWEEN
18. 44	SE OR COND	ITION DI	RECTLY	220-44-6795 CAUSE	OF DEATH					ETWEEN
no  18.  Disea  (This does	SE OR COND LEADING TO	TION DI	RECTLY	220-44-6795 CAUSE	OF DEATH		rioscleroti		INTERVAL 8	ETWEEN
DISEA	SE OR COND	TION DI	RECTLY	220–44–6795 CAUSE (A) Hyper	rtensive &	and arte	rioscleroti		INTERVAL 8	ETWEEN
DISEA  (This does heard failure, injury or continuity)	SE OR COND LEADING TO not mean the , osthenio, etc. mplication which	PITION DI O DEATH made af It means h coused (	RECTLY I dying e.g., the disease, death.)	220–44–6795 CAUSE (A) Hyper	OF DEATH	and arte	rioscleroti		INTERVAL 8	ETWEEN
DISEA	SE OR COND LEADING TO LEADING TO not mean the costhenio, etc. mplicotion which ANTECEDENT. OR CONDITIO	MITION DII O DEATH made of It means h coused of CAUSES	RECTLY  dying e.g., the disease, deoth.)  S	220–44–6795 CAUSE (A) Hyper	rtensive &	and arte	rioscleroti		INTERVAL 8	ETWEEN
DISEASES RISE TO TH	SE OR COND LEADING TO not mean the , osthenio, etc. mplication which	on DEATH  made of  It means  h coused of  CAUSES  ONS, IF A  JSE (A) S1	RECTLY  dying e.g., the disease, deoth.)  S	CAUSE  (A) Hyper  RANK  cardi	rtensive &	and arte	rioscleroti		INTERVAL 8	ETWEEN
DISEASES RISE TO TH UNDERLY!!	SE OR COND LEADING TO not mean the , osthenio, etc. mplicotion which ANTECEDENT OR CONDITIO	on DEATH  made of  It means  h coused of  CAUSES  ONS, IF A  JSE (A) S1	RECTLY  dying e.g., the disease, deoth.)  S	CAUSE  (A) Hyper  NAXX  cardi	rtensive &	and arte	rioscleroti		INTERVAL 8	ETWEEN
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DISEASES RISE TO TH UNDERLY!	SE OR CONDILEADING TO STREET ON THE CONDITION OF CONDITION OF CONDITION OF OPERATION	CAUSES ONS, IF A JSE (A) ST ON LAST.  NDITIONS NOT REI CAUSING	RECTLY  dying e.g., the disease, death.)  S  NY, GIVING TATING THE  CONTRIBUTIN LATED TO THE  IT.	CAUSE  (A) Hyper  (A) Hyper  (B) Cardi  (C) (C)	ctensive a	and arte	rioscleroti	Ç.	INTERVAL B	ETWEEN
DISEASE OF THE DISEAS	SE OR CONDILEADING TO STREET ON THE CONDITION OF CONDITION OF CONDITION OF OPERATION	or CAUSES  ONS, IF A JSE (A) ST  ON LAST.	RECTLY  dying e.g., the disease, death.)  S  NY, GIVING TATING THE  CONTRIBUTIN LATED TO THE  IT.	CAUSE  (A) Hyper  NEXT  Cardi  (B) DUE TO  (C)	ctensive a	and arte r diseas	rioscleroti e	C	INTERVAL B ONSET AND	ETWEEN
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DISEASE OTHER SIG TO THE DISEASE O 19A. DATE OF	SE OR CONDILEADING TO LEADING TO LEADING TO MITTON THE CONDITION TO LEAD TO LE	CAUSES ONS, IF A JSE (A) ST ON LAST.  NOT REI CAUSING 198, CON WAS PERI	RECTLY  dying, e.g., the disease, deoth.)  S  NY, GIVING TATING THE  CONTRIBUTING THE  CONTRIBUTION FOR V FORMED	CAUSE  (A) Hyper  (A) Hyper  (A) Cardi  (B) Cardi  (C) (C)	ctensive a iovascular  20A. AUTOPS:  No	and arte r diseas Y? (Yes ar Na)	rioscleroti e 208. IF YES, WERE FI	C	ONSET AND	ETWEEN
TIB.  DISEA  (This does head failure, injury or coincider signification of the control of the co	SE OR CONDILEADING TO LEADING TO ANTECEDENT OR CONDITION OF CONDITION OF OPERATION  IL CAUSE WAS	ODE TO THE TENT OF	RECTLY  dying, e.g., the disease, deoth.)  S  NY, GIVING TATING THE  CONTRIBUTIN LATED TO THE  OTHER  DITION FOR V FORMED  218, F hame, etc.)	(A) Hyper CAUSE CA	20A. AUTOPS: No in or about 21C. office bldg.	and arte r diseas Y? (Yes ar Na)	rioscleroti e  208. IF YES, WERE FI IN CERTIFYING CAU If in Boltimare City, g	C	ONSET AND	ETWEEN
DISEA  OTHER SIG TO THE DISEASE O  OTHER SIG TO THE DISEASE O  19A. DATE OF	SE OR CONDITION  SE OR CONDITION  TO MEON the condition of the condition o	ODE TO THE TENT OF	RECTLY  dying e.g., the disease, death.)  S  NY, GIVING TATING THE  CONTRIBUTIN LATED TO THE IT.  DITTON FOR V FORMED  218, F hame, etc.)	(A) Hyper  (A) Hyper  (A) Hyper  (A) Hyper  (A) Hyper  (A) Hyper  (B) Cardi  (B) DUE TO  (C) CAUSE  (C) CAUSE  (A) Hyper  (C) Cardi  (B) Cardi  (B) Cardi  (C) Card  (C) Cardi  (C) Card  (C) Cardi  (C) Cardi  (C) Cardi  (C) Cardi  (C) Cardi  (C) Card	20A. AUTOPS: NO in or about 21C. affice bldg. INJUR	and arte r diseas Y? (Yes ar Na) WHERE DID IY OCCUR?	rioscleroti e  208. IF YES, WERE FI IN CERTIFYING CAU If in Boltimare City, g	C	ONSET AND	ETWEEN
DISEA  (This does heard failure, injury or continuity (APPROX.)	SE OR CONDITION  SE OR CONDITION  TO MEON the condition of the condition o	TION DION DION DIA	dying, e.g., the disease, deoth.)  S  NY, GIVING TATING THE  CONTRIBUTING LATED TO THE OTHER OF THE OTHER OT	CAUSE  (A) Hyper  CAUSE  (A) Hyper  CAUSE  (A) Hyper  CAUSE  (C) C	20A. AUTOPS: No in or about 21C. affice bldg., INJUR	and arte r diseas  Y? (Yes or No)  WHERE DID YY OCCUR?	rioscleroti e  208. IF YES, WERE FI IN CERTIFYING CAU If in Boltimare City, g	N DINGS C SES OF DI	ONSIDERED ATH?	ETWEEN

VS 151-REV. 1/1/65

RUSSELL S. FISHER, M.D.

23C. NAME of CEMETERY OF CREMATORY

SIGNATURE

EXAMINER'S NAME (Type)

23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)

Burial 5/18/67
24A. DATE REC'D BY HEALTH DEPT.

Har Sinai Congregation Erdman Ave. Balto. Md. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

ASSOCIATE MEDICAL EXAMINER

23 D. LOCATION

5-17-67

(City, town, as county)

Jack Lewis, Inc. 2100 Eutaw Place Balto. Md

THE TAPER

VS 150-REV. 1/1/65

Such

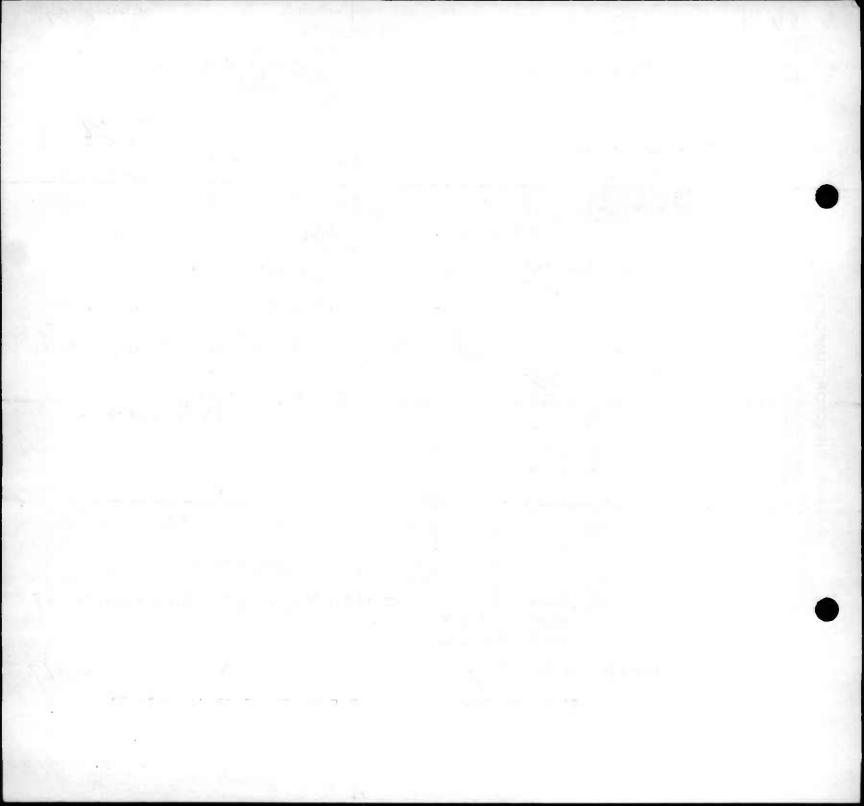
		BALTIMORE CITY	HEALTH DEPARTMENT	67 4825						
	BIRTH NO. 67 4825	CERTIFICA	TE OF DEATH Registered N							
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	RICAMD	2. DATE AND HOUR OF DEA							
	3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	If institution: residence before admission)						
	FULL NAME OF (II not in hospital HOSPITAL OR address or tacotion	or institution, give street	Maryland-							
1	INSTITUTION	CC C D	C. CITY OR TOWN - (If outside city limits, wi	ite RURAL and give township)						
	Church Ho	me & voypular	D. STREET ADDRESS (If rural, give location)							
	35	V	100 N. Beroodway							
	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  5-17-1879  9. AGE (In years lost binhday)  88	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.						
	IDA, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?						
	Teacher	Private Schools	Maryland	MSA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
1	Charles Ricaud		Henritta Everett							
	15. Was Deceased Ever in U. S. Armed For (Yes, no arunknown) (If yes, give war ar date	ces? s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
	No		Church Home & Hosp. Reco							
	18. 430,0   INTERVAL BETWEEN ONSET AND DEATH									
	DISEASE OR CONDITION DIS	D	recens schender He	agt years						
	(This does not meen the mode of heart failure, asthenia, etc. It means									
	injury or complication which coused	deoth.)	esease E A-V bl	och						
	ANTECEDENT CAUSES  (B)  DUE TO									
	DISEASES OR CONDITIONS, if									
	UNDERLYING CONDITION last.	W								
	Z OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING								
	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE								
		DITION FOR WHICH OPERATION		ERE FINDINGS CONSIDERED CAUSES OF DEATH?						
	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21 C. WHERE DID (If in Balti office bldg., INJURY OCCUR?	more City, give exact lacotion)						
	21D. TIME (Manth) (Day) (Year)		21 F. HOW DID INJURY OCCUR?							
	(APPROX.)	While At Not Whi								
	22. I certify that (I) (this haspital	l) attended the deceased fram	Sept. 17 193/10	V-16 1967.						
	that (I) (we) last saw the decease	22. I certify that (I) (this haspital) attended the deceased fram 1957 ta V-16 1967, that (I) (we) last saw the deceased alive an 1967 and that in(my) (our) apinian death occurred an the date								
	and hour and fram the causes sta	and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATURE	1 1 70 4	ending Med. Staff	23B. DATE SIGNED						
	Auba	Phy	ys. Director Phys.	10 16-67						
	PHYSICIAN'S NAME () pe)	SUBONG, VRM.D.	23D. ADDRESS Church Home	+ Hosp						
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)						
	Burial 5/19/6	St. Paul"s Ceme	tery Chestertown,	Md.						
	25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS						
	MAI TO 1201	Under O C. Janes M. A.	Wm. Cook-Brooks, Inc.	1217 St. Paull St.						

25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc. 1217 St. Paull St.

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The property of the state of th

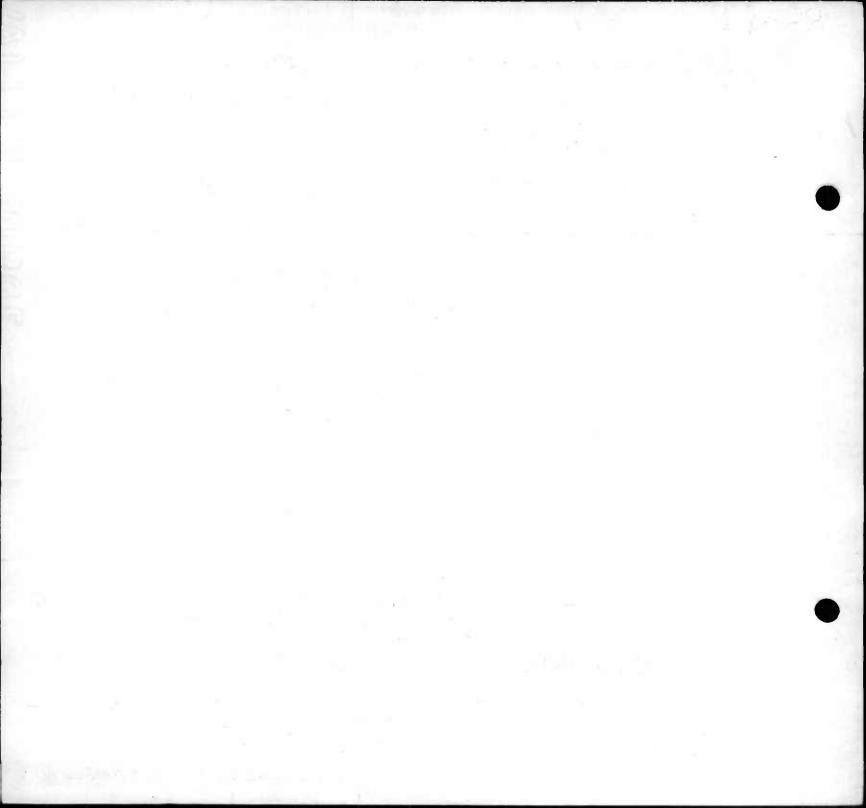
	0 th 40 0 th	BALTIMORE CITY	HEALTH DEPARTMENT		67 4827
ì	th NO. 67 4827	CERTIFICA	TE OF DEATH	Registered Na	01 4061
1. N	IAME OF DECEASED	snard	9.15 pm	1. May 14. 1	9671
F	FULL NAME OF (If not in hospital or institution, give : HOSPITAL OR address or location)	tre et	C. CITY OR TOWN (If auts	TY	SURAL and give township)
+	The Union Memorial Hosp	ital	D. STREET ADDRESS (III) 3014 Markie	ural, give location)	600
5. S	M WIDOWED, DI	ORCED (specify)	09-06-88	ost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours M
don	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS) se during most of working lite, even if retired)  C&I Clerk  B & O R.		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?  American
13.	Leonard Hamilton		14. MOTHERS MAIDEN NAM		
15. Yes	s,na arunknawn)(If yes, give war ar dates of service)	iccial security nd. 10-0602	Myrtle Knowl	es Hamilt	on, wife, above
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) Cau	inoma of Stor	mach wit	INTERVAL BETWEEN ONSET AND DEATH May 8 - May 14
	healt foilule, asthenia, etc. II means the disease, injury of complication which caused death.)  ANTECEDENT CAUSES	(B)	liffuse metas Pulmonany E	dema	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	0	M. Na	wan
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING   21B. PLA   00R CONTRIBUTING   CAUSE OF   00DEATH (notify medical examiner)   21c.)	CE OF INJURY (e.g., in m, factory, street, af	n ar about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJI OF INJURY (APPROX.) While A	Nai While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this haspital) attended the dethat (I) (we) last saw the deceased alive an A	PM May 1	35 pm May 8 1	967 to 945 it in(my) (aur) api	PM May 14 196
	and hour and from the causes stated above. (1) (Wo 23A. SIGNATURE  Lang Won Long 23C. PHYSICIAN'S	M.D. Atte		Staff Phy s	23B. DATE SIGNED May 14, 196
	SANG WON SON	G , M.D.	THE UNION M	EMORIAL H	OSPITAL
	Burial 5/18/67 Loude	on Park Co	emetery Ba	altimore,	
25A	MAY 18 1967, Policy 8	Physic and	Schimunek Fi 3331 Brehi	neral Hom	ne, Inc.
VS	150-REV. 1/1/65	9 0 0	4836		



BALTIMORE CITY HE							TMENT	(/	67	4828
	TH NO.	57 4	828	C	ERTIFICA	TE OF DE	ATH R	egistered Na	0,	1000
	E. CASE NO.	ASED					2. DATE AND HO	UR OF DEATH		
(Ту	pe or Print)	velvn	Elizab	eth T	aylor		5/15	107	14	1115 PM
3.			MORE MARYLAN	D D	2,7 1.01	A. STATE	ENCE (Where Pec B. COUNTY	eased fived. If in:	stitution: reside	nce before admission)
- 11	FULL NAME OF HOSPITAL OR		n haspitol or insti ar lacotian)	tution, give stree	et	c. cliv bit 19w	/N, (It outside of	city limits, write R	URAL ond giv	e township)
4		M		11-	1	F-0/15	ton		21047	62-00
a	nion	Mem	orial	HO3/	1101	D. STREET ADDR	less (Il rurol,	give location)  S		
5.	SEX	6. RACE		RRIED, NEVER		B. DATE OF BIRTH		E (In years	If Under 1 Y Manths: Doy	r. If Under 24 Hrs.
1/2	ama be	Caur	DSIRU	Mhr	ried	5/12/1	920	47		
			kind of work 10B, KI	ND OF BUSINE	SS OR INDUSTRY			untry)	12. CITIZEN	OF COUNTRY?
dor	no during most of v House		n if retired)	Home		August	a, Georg	ria	U.S	
13.	FATHER'S NAM			поше		14. MOTHER'S M	AIDEN NAME	514	0.0	···
	<i>a</i> , ,	•••	-			77.	. 1 4.1. 77			
15	Wos Deceased		Farris	1 6. SOC	-	E11Z	abeth Ke		- A-D	22390
(Y e	s, no or unknawn	(If yes, give	wor or dates of se	ervice) SEC	URITY NO.	17. INFORMANT		Char	rles 3	treet
	No			249-1	2-7179	Hugh E.	Taylor	Falls	aton,	Md. 21047
	18. 4 3	3,/1			CAUSE	F DEATH				ERVAL BETWEEN
			ITION DIRECTLY		1/	ch. 1	F	La 11.1		
		LEADING TO			(A) Ven	Tricula	11 1/0	11/10/1/1	27/2	A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
1	(This daes not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,									
	injury or cam	plicolian whi	ch caused death.	)						
	1	ANTECEDENT	CAUSES		DUE TO					1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	DISEASES OR CONDITIONS, if ony, giving									
	rise to the above couse (A) stating the (C)									
		- 11							+	
Z	OTHER SIGNE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
ATION	DISEASE OR	EATH BUT CONDITION (	NOT RELATED	TO THE						
CERTIFIC	19A. DATE OF	OPERATION	198. CONDITION		OPERATION	20 A. AUTOPSY	? (Yes at No) 20B	CERTIFYING CA	FINDINGS CO	NSIDERED TH?
1 5		IT WAS UND	ERLYING	21B. PLACE	OF INJURY (e.g.,	in ar about 21C. WH	HERE DID	(If in Baltimore	City, give ex	oct location)
₹	OR CONTRIBU	TING CAU	SE OF	home, form,	factory, street, o	office bldg., INJURY	OCCUR?			
000				) 235 15111189	OCCURRED	235 110	W DID INJURY	0.000182		
NE N	OF INJURY	(Manth) (De	ay) (Year) (Hau	While At	Nat Whi		W DID INJUNT	OCCOR:		
1	(APPROX)			Wark	At Work				1	
	22. I certify	thote(I) (this	s hospital) atte	nded the dece	ased from	5/15	196	7 10 5	115	19.67.
	that <del>(I)</del> (we)	last sow th	e deceased offi	e on	115	19 6	-/			ccurred an the date
				_/		wiew the bady of	ter death.			
	23A. SIGNATU			A					23 B. DATE SI	GNED
	mal	CW.	4	//,	M.D. At		ed. Staff	×	1/1	1/17
	23C. PHYSICIA	" /1a	ison	, fe	Ph	23D. ADDRESS	rector Phys.		3/16	2/0/
	NAME (T	ype)	/		44.5				/ /	
1	Nat I	. Wat	son Jr.	6	M.D.	OUTOU 14	emorial			
24	A. BURIAL CREA		. DATE	24C. NAME of	CEMETERY OF CE	EMATORY	24D, LOCAT	ION (Ci	ty, tawn, ar ca	ounty) (State)
	Burial	5.	/20/196	7 Bel A	ir Mem.	Gardens	Bel	Air,	Maryla	nd
25	A. DATE REC'D	NAV HEALTH	1067 25B. N	AME OF REGIS	IRAR	25C. FUNERA				ADDRESS
	,	NWI TO	1201 110	Jan C,	Jakey MAR	Charle	es E. Ku	ırtz Ja	rrett	gville, Md
VS	150-REV. 1/1/6	55		W d	-3	1 4 1			210	54

Union Alberton at Hog Tal Charles St Emale Caurasian Married 19 The religious span, and there is Ventincular Emilation

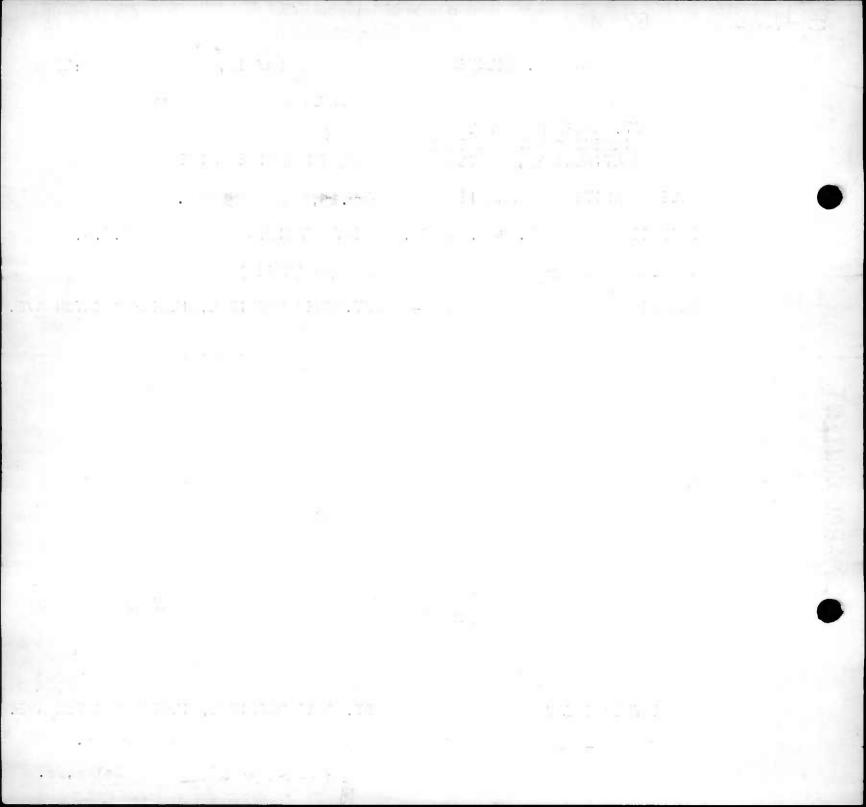
		ITY HEALTH DEPARTMENT		67 1990
	CERTIFIC	ATE OF DEATH	Registered Na	4023
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  WILLIAM	Fudrick RADER	2. DATE AND	HOUR OF DEATH	3 <sup>20</sup> A
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	A. STATE B. COUNT	Υ	itution: residence befare admission
FULL NAME OF (If not in has HOSPITAL OR address or lo	pital or institution, give street	Marylance	Ballim	
INICTATILITION	ulasaRiym		ide city limits, write RU Zural - Pu	RAL and give township)
an 6111. B	lair Rel Bullimore 21206 mu	D. STREET ADDRESS (If re	urol, give lacotion)	
			wood lare	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)		ast biograms	If Under 1 Yr. If Under 24 Hr. Manths Doys Haurs Min.
10A. USUAL-OCCUPATION (Give kind of done during mast at warking life, even if reti	work 108, KIND OF BUSINESS OR INDUS			12. CITIZEN OF WHAT COUNTY?
TARMER	TARM	MARYLANI		457
HENRY RAC	lea Sil	WIL helmin		MM
15. Was Deceased Ever in U. S. Arme (Yes, na ar unknawn) (If yes, give war ar	dates of service) 16. SOCIAL SECURITY NO. 21920 7481	A TAMILU	2	OR S
18.	CAUS	OF DEATH	<del>-</del>	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	4ther ochrotes	Cardin	
(This does not mean the made heart failure, osthenio, etc. It m.	af dying, e.g., DUE TO	4theroschentie Vascular Dis	Caraco	
injury or camplication which co	used death.)	Vescular Dis	evel	undet.
ANTECEDENT CAL	DUE TO			\$\phi \text{constraints}\$ \$\phi  in \$\text{in \$\t
DISEASES OR CONDITIONS, rise In the above couse UNDERLYING CONDITION last				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE			
	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FO	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e. home, farm, foctary, stree etc.)	g., in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (	eor) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Wark At W	While ork		
22. I certify that (I) (this has	etal) attended the deceased fram		9 66 ta / 6	o May 19 67
that (I) (we) last saw the dec	eased alive an 15 Ma	4 19 67 and the	it in(my) ( <del>our)</del> apini	ian death accurred an the do
	stated abave. (I) (We) (did) (did no	t) view the bady after death.		
23A. SIGNATURE	yle M.D.	Phys. Director	Staff Phys.	1-16-67
PAME Type O HN	c. Hyle "	23D. ADDRESS .D. 7527 Belan	i Pu Pe	talti36 mel
24A, BURIAL CREMATION, 24B. DAT	E 24C. NAME OF CEMETERY OF	CHIMATORY 24D. LO	CATION (City	, town, or county) (Stote)
DURIAL 3-19 25A. DATE REC'D BRANKTH DAPTE	G 25B NAME OF REGISTRAR	DECOMPLIANT AND THE	1ARKVI.	LL e Md
MAY 18	167" (Color E. Carley	G. EUMN.	S VJON 8	802 NANTOKA KO
V\$ 150-REV. 1/1/65	* * * * * * * * * * * * * * * * * * * *	1 1 5 8		



M. 1.1	E CASE NO.  NAME OF DECEASED  (pe or Print)  Blanche T	rout Miller	2.	May 16, 1967	7:30 A M
deat	FULL NAME OF HOSPITAL OR Oddress or local INSTITUTION  US Public Health Second 1987 1988 1988 1988 1988 1988 1988 1988	ot or institution, give street tion)  Prvice Hospital	Maryl  C. CITY OR TOWN  ROCKY  D. STREET ADDRES	and  ille  ille	URAL and give township)
regular is made.	SEX 6. RACE F W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9/14/04	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 His. Months Doys Hours Min,
	A. USUAL OCCUPATION (Give kind of vine during most of working life, even if retire Housewife	rork 10B, KIND OF BUSINESS OR INDUSTRY	Md.	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	Charles H.	frout	14. MOTHER'S MAI	E. Bowen	
15, (Ye	, Was Deceased Ever in U. S. Armed es, no or unknown) (It yes, give wor or a	Forces? oles of service) 16. SOCIAL SECURITY NO. 213-01-5856	Records-	US PHS Hospital,	, Balto, Md.
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	emia		INTERVAL BETWEEN ONSET AND DEATH Terminal
	(This does not mean the made heat failure, asthenia, etc. It me injury ar camplication which cau ANTECEDENT CAU	of dying, e.g., DUE TO ons the disease, sed death.)  Bi	lateral ure	teral obstruction	
	DISEASES OR CONDITIONS, use to the obove couse (UNDERLYING CONDITION lost.	if any, giving	rom adenoca olon with m		
the remains	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT FOR DISEASE OR CONDITION CAUSIN	ELATED TO THE			
CERTIFIC	19A. DATE OF OPERATION 19B. C WAS  21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	ONDITION FOR WHICH OPERATION PERFORMED  218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHE	(Yes or No) 20B. IF YES, WERE IN CERTIFYING CALL  RE DID (If in Bottimore	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
MEDICAL	DEATH (notify medical examiner)	etc.)	21F. HOW	CCUR?	
	that (V (we) lost saw the dece	osed alive on May 16.	May 11	ond that in (my) (our) opin	ay 16 19 67 19 19 19 19 19 19 19 19 19 19 19 19 19
	23A. SIGNATURE  Gary L. Schecht	2 (2)	tending Med ys. Dire		5/16/67
Void a property 225	23C. Physician Schedin	, VY. D . M.D		spital, Balto, Mo	
	4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY	24D. LOCATION (Ci	ty, town, or county) (State)

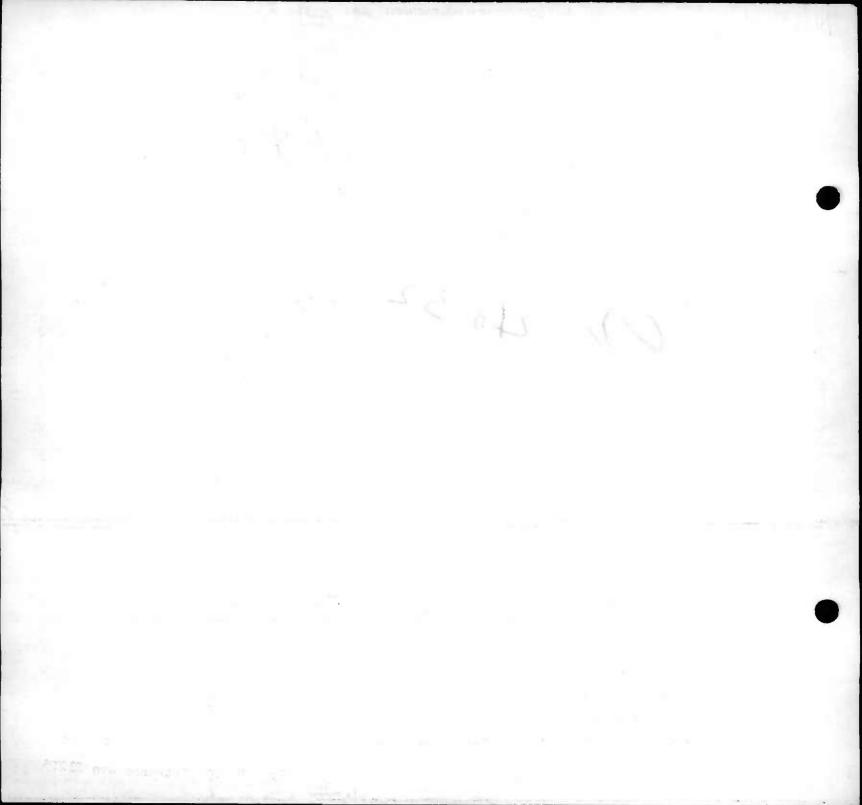
3 - 55 (F 979-5) The state of the color of the c and the secretary reself Il Forcer Leytomyville, Md.

CD 4094	BALTIMORE CITY	HEALTH DEPARTMENT		67 4834					
BIRTH NO. 67 4831	CERTIFICA	TE OF DEATH	Registered No	07 4031					
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	D HOUR OF DEATH						
(Type or Print) AARON B. BEL	LCHER		15, 1967	4:27 A M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	TY	stitution: residence before admission)					
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	give street	C. CITY OR TOWN (If outs	Baltimor						
INSTITUTION ST. AGNES HOSPIT		ESSEX	side chy limits, while k	5.3 - 0 B					
WILKENS & CATON		D. STREET ADDRESS (If a	ural, give location)						
BALTIMORE 29, MA		409 RIVERSI		#21					
MALE WHITE MAR	RIED (specify)	Feb. 15, 1918	ost birthdoy) 49 yrs.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?					
ENGINEER B. &		WEST VIRGINIA		U.S.A.					
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	· ·						
ABASLOM Belcher 15. Wos Decoused Ever in U. S. Armed Forces?	1 6. SOCIAL	AMANDA (GREEN	N)	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.		DITAL WILL	KENS & CATON AVE.					
18. // 5/	CAUSE OF		INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY	1	ONSET AND DEAT							
LEADING TO DEATH	(A) MOS	sive love	moly						
(This does not meon the mode of dying, e.g. heorl foilure, osthenio, etc. It meons the diseose injury or complication which coused deoth.)			(	$\leq$					
ANTECEDENT CAUSES	(B)								
	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) sloting the (C)								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NG HE								
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	NO	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, offi c.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)					
21D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?						
<b>   </b>	hile At Not While At Work								
22. I certify that (1) (this hospital) attended	the deceased from MAY	15	967 MA	Y 15 19 67.					
that (I) (we) lost sow the deceased alive on.	that (I) (we) lost sow the deceased alive on MAY 15 19 67 and that in (my) (our) opinion death occurred on the date								
and hour and fram the causes stated above.	(I) (We) (did) (did not) vi	ew the body ofter deoth.							
23A. SIGNATURE	M.D. Atter	ding Med.	Stolf	23B, DATE SIGNED					
23C. PHYSICIAN'S	Phys.		Phys.	1/15/67					
NAME (Type)	M.D.		אווא ואדוס	ENC & CATON AVE					
	NAME of CEMETERY OF CREA		PITAL, WILK	ENS & CATON AVE.					
REMOVAL (Specify) Burial 5-18-1967	Dublin South	ern Du	ublin Ha	rford Co. Md					
25A. DATE REC'DE AVALTH 84967 238 NAME	- 0.000	55. FUNERAL DIRECTOR	In a Co.	ADDRESS Delta, Pa.					
VS 150-REV. 1/1/65	6/80	1000	- wun	2002000					

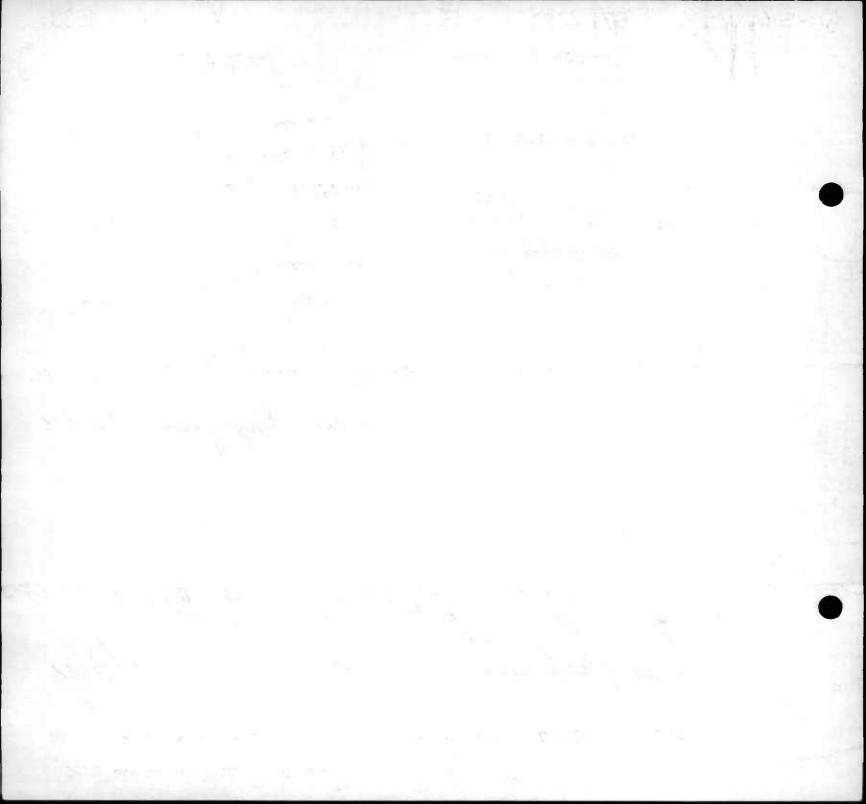


B 4000	BALTIMORE CITY I	HEALTH DEPARTMENT	1	17 1000
BIRTH NO. M.E. CASE NO.	CERTIFICAT	TE OF DEATH	egistered Na.	57 4832
(Type or Print)	EENaN		16-67	3:50 A.M.
FULL NAME OF HOSPITAL OR INSTITUTION  3. PLACE OF DEATH IN BALTIMORE, MARYL.  (If not in hospital or in address or location)	nstitution, give street	Baltimore	city limits, write RURAL	
South Baltimore	GENERAL HOSP	1826 Yack		eet.
Male White	WIDOWED, DIVORCED (spenily)	8-17-97	irthdoyi Month	hs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B dane during most at warking life, even it retired)	Retired.	Balto.		CITIZEN OF VHAT COUNTRY?
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAME	/	
15. Was Deceased Ever in U. S. Armed Forces: (Yes, no or unknown) (If yes, give war or dates of No.		7. INFORMANT Family		Address Same
1B. 400 0 1 1	CAUSE OF			INTERVAL BETWEEN
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the made of dy heart foilure, osthenia, etc. It means the injury or camplication which caused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony rise to the above cause (A) ste	ing, e.g., a disease, alh.)  (B)  DUE TO  DUE TO	pocardialinf S.C.V.D.	arction	ONSET AND DEATH
UNDERLYING CONDITION Iost.  II  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATE DEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDIT	O TO THE PERTION	20A. AUTOPSY? (Yes or No) 20	Les B. IF YES, WERE FINDIN	GS CONSIDERED
19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, offi	or about 21 C. WHERE DID	(If in Boltimore City,	
DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (I OF INJURY (APPROX.)		21F. HOW DID INJURY	OCCUR?	
22. I certify that (#7(this hospital) a that (#7(we) last sow the deceased of	7 11	_	ta 5-/	eoth accurred on the dote
ond hour ond from the causes stoted 234-SIGNATURE	haves M.D. Atten	ding Med. Stoff		S-16-67
23C: PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	FINDAUEN. M.D.	12/3 hight MATORY 124D. LOCA	Street.	n, or county) (State)
Burial 5/18/67	Glen Haten Cer		Burnie Md A	A Co Md
MAY 18 1967	B. NAME OF REGISTRAR	McCully F H	237 Patapso	ADDRESS No Ave 21225

FUNERAL DIRECTOR: IMPORTANT

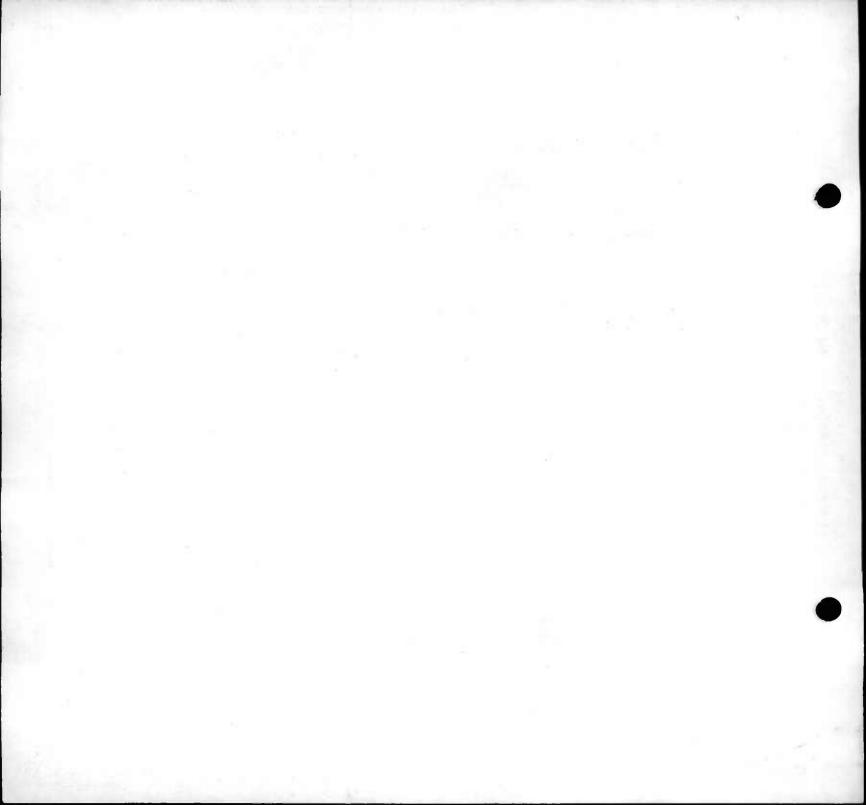


			ueener		May 15 ,1967			
FUI	LL NAME OF (If no SPITAL OR addre	NAME OF (If not in hospital or institution, give street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before adm A. STATE B. COUNTY Md  B. COUNTY			
INS	TITUTION	Lutheran Hospital		C. CITY OR TOWN (If outside city limits, write RURAL and give tawns Baltimore				
4	4 Duonere	n mosproat		D. STREET ADDRESS 2834 Michig	(If rurol, give locotion) an Ave			
5. SEX	le V	M WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) arried	Mar 4,1908	9. AGE (In years lost big by)	If Under 1 Yı. If Under Manths Days Hours		
t0A. U done d	SUAL OCCUPATION (Gir	ve kind af wark 10 B, KINI ven if relired Gla	SS CO	II. BIRTHPLA CE (State of	foreign country)	12. CITIZEN OF WHAT COMMITTEE?		
13. FA	THERS NAME JOI	dan G Queen	er	14. MOTHER'S MAIDEN	NAME			
	os Deceased Ever in U, o or unknown) (If yes, give O		security No.	17. INFORMANT Family		ADDRESS Seme		
	LEADING		(A) Ac	ult Rop	walny	INTERVAL BETWI		
h	This does not mean the eart failure, asthenia, enjury or complication w	tc. It means the dise hich coused death.)		Much	(	2 wee.		
	DISEASES OR CONDI	cause (A) stating	ving ///	luonary	Enylysess	10 ged.		
	INDERLYING CONDITI				<i>U</i> //			
U	THER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NDITIONS CONTRIBLY NOT RELATED TO CAUSING IT.	THE		- U - G			
U	THER SIGNIFICANT CO	NDITIONS CONTRIBLY NOT RELATED TO CAUSING IT.		20 A. AUTOPSY? (Yes o	(No) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?		
CAL CERTIFICATION	THER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA. DATE OF OPERATION TALL ACCIDENT WAS UN RECONTRIBUTING CA	NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  IDERLYING (USE OF	THE			E FINDINGS CONSIDERED AUSES OF DEATH?		
AEDICAL CERTIFICATION	THER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA. DATE OF OPERATION TALL ACCIDENT WAS UN RECONTRIBUTING CA	NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  IDERLYING	OR WHICH OPERATION  218. PLACE OF INJURY e.g., home, form, toctory, street, c	in all about 21 C. WHERE DII Iffice bldg., INJURY OCCUR	INJURY OCCUR?	are City, give exact lacotion)		
MEDICAL CERTIFICATION	DTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA.DATE OF OPERATION OF CONTRIBUTING CA EATH (notify medicol exc F INJURY APPROX.)  2. I certify that (I) (th	NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  DOWN (Year) (Hour)	218. PLACE OF INJURY le.g., home, form, factory, street, cetc.)  21E. INJURY OCCURRED  While AI Not White AI Work  ed the deceased fram	in all about 21 C. WHERE DI iffice bidg., INJURY OCCUR	INJURY OCCUR?	are City, give exact lacotion)		
MEDICAL CERTIFICATION	DITHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA.DATE OF OPERATION  TA. ACCIDENT WAS UN THE CONTRIBUTING CA EATH (notify medicol ext FINJURY APPROX.)  2. I certify that (I) (that	NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  IDERLYING (USE OF ominer)  Doy) (Year) (Hour)  his haspital) attend the decessed alive	21B. PLACE OF INJURY e.g., home, form, toctory, street, cetc.)  21E. INJURY OCCURRED  While AI Not White AI Work  an AI Work	an about 21 C. WHERE DII  ffice bidg., INJURY OCCUR  21F. HOW DID  19 6 7 and	INJURY OCCUR?	are City, give exact lacotion)		
MEDICAL CERTIFICATION  ACTION  ACTION	DITHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA.DATE OF OPERATION  TA. ACCIDENT WAS UN R CONTRIBUTING CA EATH (notity medicol ext APPROX.)  2. I certify that (I) (th nat (I) (we) last sow to nat have and fram the BA. SIGNATURE	NOT RELATED TO CAUSING IT.  198. CONDITION F WAS PERFORMED  IDERLYING (USE OF ominer)  Doy) (Year) (Hour)  his haspital) attend the decessed alive	218. PLACE OF INJURYIe.g., home, form, toctory, street, etc.)  21E. INJURY OCCURRED  While AI Not White AI Work  ed the deceased fram	le 21F. HOW DID  21F. HOW DID	INJURY OCCUR?	are City, give exact lacotion)		
MEDICAL CERTIFICATION  7.00 0.25  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DITHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION PA. DATE OF OPERATION  TA. ACCIDENT WAS UN TO CONTRIBUTING CA EATH (notify medicol ex  LD. TIME   IMonth) ( F INJURY APPROX.)  2. I certify that (I) (the contribution of the contribution	NOT RELATED TO CAUSING IT.  NOT RELATED TO CAUSING IT.  N 198. CONDITION F WAS PERFORMED  AUSE OF cominee?  Doy) (Yeor) (Hour)  his haspital) attend the decessed alive causes stated above	21B. PLACE OF INJURY e.g., home, form, toctory, street, etc.)  21E. INJURY OCCURRED  While AI Not White AI Work  an Occurrent AI Work  ve. (I) (We) (did) (did nat)	21F. HOW DID	INJURY OCCUR?  19 S to M  I that In(my) (or) ap  th.  Stoff Phys.	ane City, give exact lacotion)  104 15 19  pinion death accurred an		



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May 15 116 1 15:16 4 Legacia A Tesas Sampara . yt stone Marghad General Harpen 33 Delland Ace 24 81/22/11 M is mused Pannsylvania Marcalla -Andrew Buryes Elizabeth Bungar Mys cardin Interester in Sever ASCUHD >+ 100 - botter Hell Ti 4/15/27 or Retiral obstrute . W. 11 Ann 12 51 1 wall to W Minkel Han D.



Female

13. FATHER'S NAME

6. RACE

done during most of working life, even if retired

Negro

LEADING TO DEATH

ANTECEDENT CAUSES

DISEASE OR CONDITION CAUSING IT.

(Doy)

21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

5. SEX

**FICATION** 

CERTI

21D TIME

OF INJURY

(APPROX.)

REMOVAL (Specily)

VS 151-REV. 1/1/65

Burial

ACTUAL

SIGNATURE

EXAMINER'S

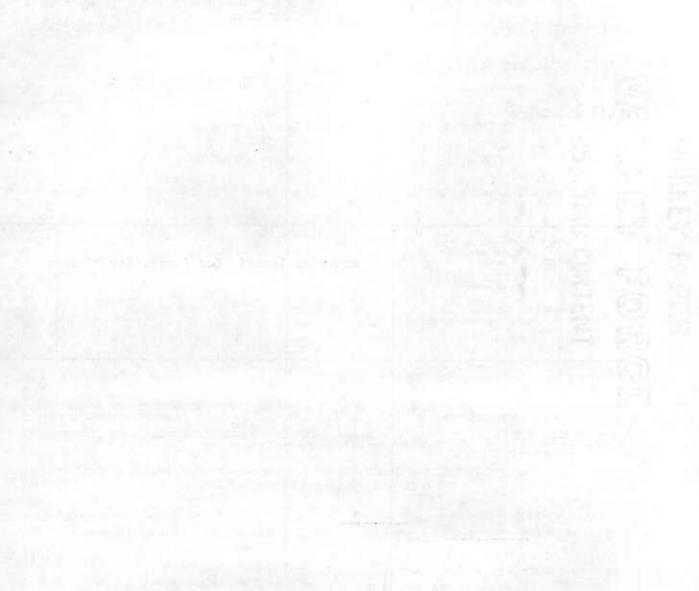
NAME (Type) 23A. BURIAL CREMATION.

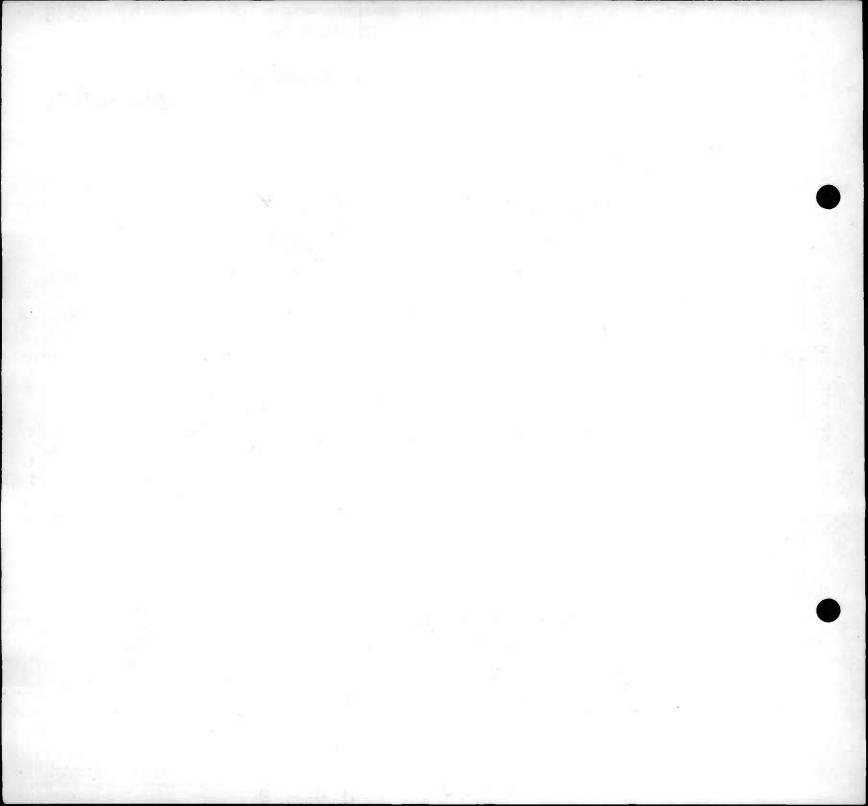
24A. DATE REC'U BY HEALTH DEPT.

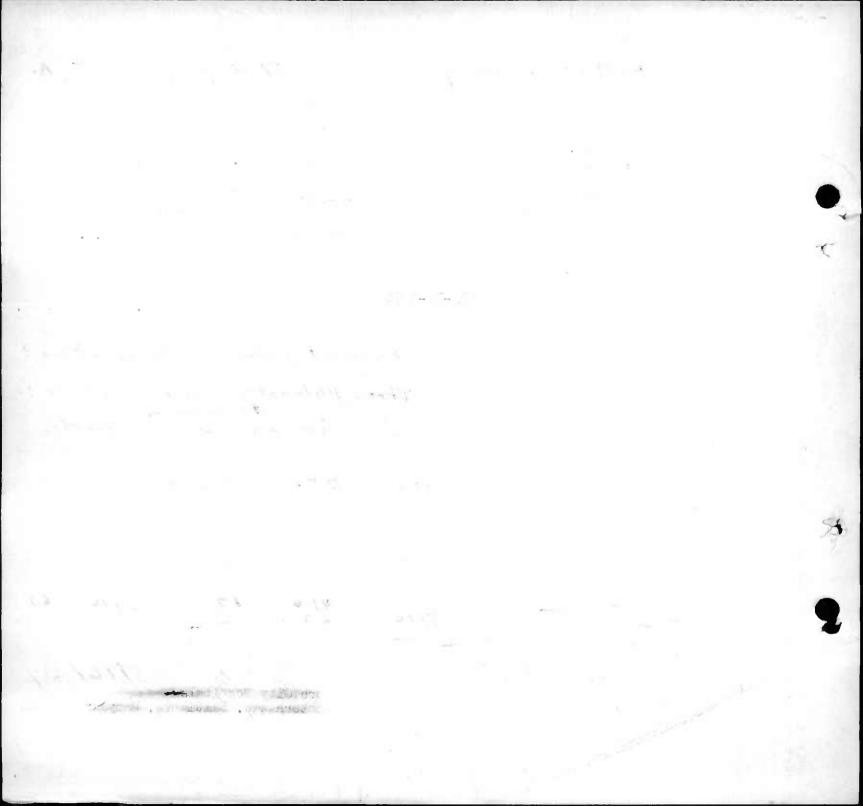
22.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 2. DATE AND HOUR PRONOUNCED DEAD 6:25 P. M. May 15, 1967 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give locotion) Whatcoat Street 1201 Whatcoat Street If Under 1 Yr. If Under 24 Hrs. 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH Months , Doys , Hours , WIDOWED, DIVORCED(specify) 68 3-25-99 widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 4. MOTHER'S MAIDEN NAME Elizabeth 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, affice bldg., INJURY OCCUR? 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK m. WORK Inspection X and that on this basis, death in my opinion I certify that I held on Inquiry Autopsy Undetermined monner resulted from: Notural causes X Accident Suiclde Homicide CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER M.D. Spitz Werner U. 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) Arbutus Maryland Arbutus em. Pk. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

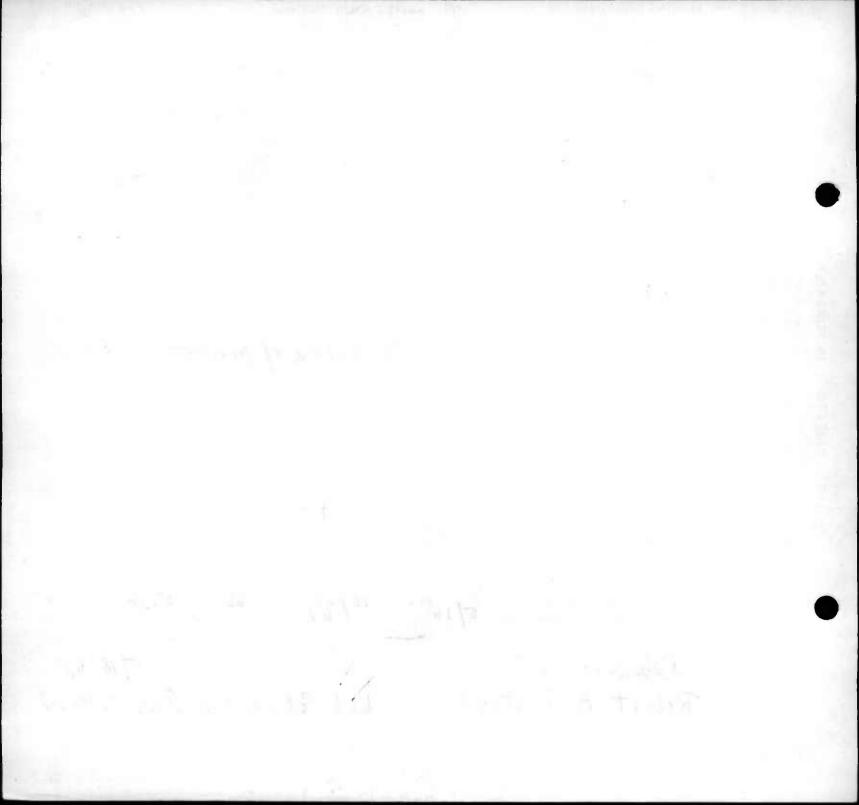
Kelson Funeral Home 1348 Calhoun St.







	4.0.4		BALTIMORE CIT	Y HEALTH DEPARTMENT		67 4841		
11	тн но. 67 4841		CERTIFICA	ATE OF DEATH	Registered No	4043		
1.	LE CASE NO. NAME OF DECEASED  (pe or Print)			2. DATE AND	HOUR OF DEATH	F 55		
	Tsaiah Sm.	ith		5-16		ution; residence before (admission)		
3.	TEACE OF DEATH IN BALLIMONS, MA	RICAND		A. STATE B. COUNT	Y	/ residence delote donks sidn		
	FULL NAME OF (If not in hospital or institution, give street HOSP)TAL OR oddress or Jacotion)			-Maryland	ide city limits, wife RUR	AL and give township)		
	INSTITUTION Transplant Transplant Transplant			Baltimore	io on, mino, my man			
11	A Krenshaw Nur	sing Home		D. STREET ADDRESS (If re	uol, give location)			
	10			808 Bentalo		f Under 1 Yr. If Under 24 Hrs.		
11 -	dale Negro	7. MARRIED, NEVEL WIDOWED, DIVO WIDOWED	QRCED (specify)	9-5-81	ost birthdoy).	f Under 1 Yr. If Under 24 Hrs.		
	A. USUAL OCCUPATION (Give kind of working bife, even if retired)	10B, KIND OF BUSIN	IESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?		
				Maryland 14. MOTHER'S MAIDEN NAM		U.S.A.		
13	FATHER'S NAME							
	Isaiah Sn		_	Virginia Wi	lson			
1.5. (Ye	. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or dote		CIAL ECURITY NO.	17. INFORMANT		ADDRESS		
	III 2-3-3-1	21'	7526038	Bernice Turn	er	same		
	18. / / / X I		CAUSE	OF DEATH	14 1-4	ONSET AND DEATH		
	DISEASE OR CONDITION DIS	RECTLY	CA	+cinoma of	mas tota.	8 ma		
	(This does not mean the mode of heart failure, asthenia, etc. It means		ran a	1117771M3S				
	injury or complication which coused							
	ANTECEDENT CAUSES	### *## ### ### ### ### ### ##########						
	DISEASES OR CONDITIONS, if							
	UNDERLYING CONDITION lost.	sioning the	(0)		000000000000000000000000000000000000000			
,	. 11							
C	OTHER SIGNIFICANT CONDITIONS C	ATED TO THE						
Y	19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED		
FPTE	0			Ylo.	IN CERTIFYING CAUSE	S OF DEATH?		
I V	OR CONTRIBUTING CAUSE OF	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)				
	OF INITION		RY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?			
2	(APPROX)	While At Work	Not Wh					
	22. I certify that (I) (this haspita	I) attended the des	eased from	10/25	966 10 51	16 1967		
	that (1) (we) last saw the deceased alive an 5/16 1967 and that In(my) (aur) apinion death accurred an the date							
	and haur and from the causes sta	ted above. (I) (We)	) (did) ( <del>did not)</del>	view the body after death.				
	23A. SIGNATURE	1	44.5	tending Med.	Stoff 23	B. DATE SIGNED		
	Callet G. K	elle	M.D. Ai	ys. V Director	Phys.	3/10/0/		
Ì	NAME (Type)	20 Hale	A4.0	23D. ADDRESS	1. 1.	1 71778		
24	A. BURIAL CREMATION, 248. DATE	24C NAME O	CEMETERY or C	000 acmo	CATION ICity,	town, or county) (Stote)		
	REMOVAL (Specify)	~ .						
25	Burial 5-20-6  A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REG	ous Mem.	PR A	cbutus	Maryland ADDRESS		
	MAY 18 1957	B.D. F. 8	For Daniel	Kelson Fune	ral Home 1	348 Calhoun St		
VS	150-REV. 1/1/65	1 7 6	7 7	1 7 5 5	)	NAME AND THOUGHT THE		

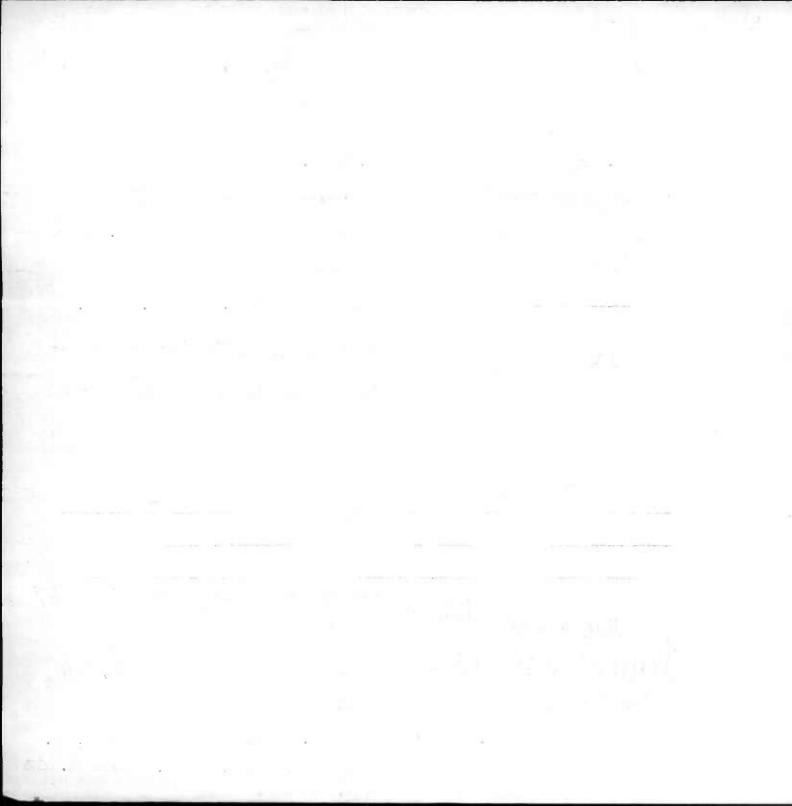


1		BALTIMORE CITY	HEALTH DEPARTMENT	OP 40.40
the the	MRTH NO. 67 4842	CERTIFICA	TE OF DEATH Registered No.	67 4842
ased the Such	1, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
on .	Eva Senuta		May 16, 196	67 8:00 A
(5) Deceased ance on the death. Such	3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE   Where deceased lived. If it	nstitution: residence before odmissian)
dan de	FULL NAME OF (If not in hospital ar in: HOSPITAL OR oddress ar location)	stitution, give street	Maryland	
to to	INSTITUTION		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
	0.0		Baltimore D. STREET ADDRESS (If rural, give location)	1-05
- 4	2116 E. Pratt Str	eet	2116 E. Pratt Street	
(4) Undetermined was in regular the deceased prisposition is made.	Female Caucasian M	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify) arried	Mar.15,1891 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
100	10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
s in dec	Housewife	At Home	Russia	1st. papers
t) Un was whe posit	13. FATHER'S NAME	240 2301110	14. MOTHER'S MAIDEN NAME	250. papers
was the spos	Gregory Cwoplus		unknown	
	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
kin dec ce na	(Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO NONE	Adam Senuta 2116 E. Pratt	St. Balto.
ced ndan or fi	18. / 7 ^ V	CAUSE O	F DEATH	INTERVAL BETWEEN
cture of any pronounced lar attenda	DISEASE OF CONDITION DIRECT	LY	145	ONSET AND DEATH
0 3 + 0	LEADING TO DEATH	(A) C	archimma 4 he to	TOST MIMITUS
0 0 0	(This daes not mean the made of dyin heart failure, asthenia, etc. It means the	ng, e.g., DUE TO disease,		
fracture to prono gular at embalm	injury or camplication which caused dea	(h,)	archima 4 the Be	con very
o o o	ANTECEDENT CAUSES	DUE TO	ordino Acci milani	
who regi	DISEASES OR CONDITIONS, if any,	giving		
	rise to the above cause (A) state UNDERLYING CONDITION last.	ing the (C)		
physician an was ir remains	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED	RIBUTING		
phy an	A DISEASE OR CONDITION CAUSING II.	TO THE		
dy he ici	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
		Mildren step gate paid and may 65 000/	No	
ept where the (6) No physined before	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID III in Boltimer fice bldg., INJURY OCCUR?	re City, give exoct locotion)
y nature; (; except wher and (6) No btained bef	21D. TIME (Manth) (Day) (Year) (Ho	our) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
16 16 16 16	S OF INJURY	While At the New While		
	(APPROX)	Work At Work	2/ 11 11	a. 1h 17
(exc ; an	22. 1 certify that (1) (this hospital) at		october 26 19 64,0 ell	My 12 10/
f ( )	that (I) (we) lost spw the deceased at	is on May long to	ond that In(my) (our) opi	inion death occurred on the dat
spital eath) ust be	and hour and from the couses stated	11	iew the body after deoth.	
rident o hospita o death I must b	23A. SIGNATURE	. O. 2 O A		23B. DATE SIGNED
ccide a hos to d al m	Heliny Us n	M.D. Atte	miding Med. Stoff Phys.	May 16, 1967
9 t a	23C.PHYSICIAN'S		23D. ADDRESS	
A. at a hospital prior to death)	Henry Armanas	M.D.	1934 Wilkens Avenue 212	223
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		ity, town, or county) (State)
5: (1) D.O.A ased en ap	Burial May 19.19	6/ St. Andrew's Ru		
ds E		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
was D. decease	MAY 18 1967 R.D.	. 6 8 Farkuna	Dippel Bro's Inc. 1800	

25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR

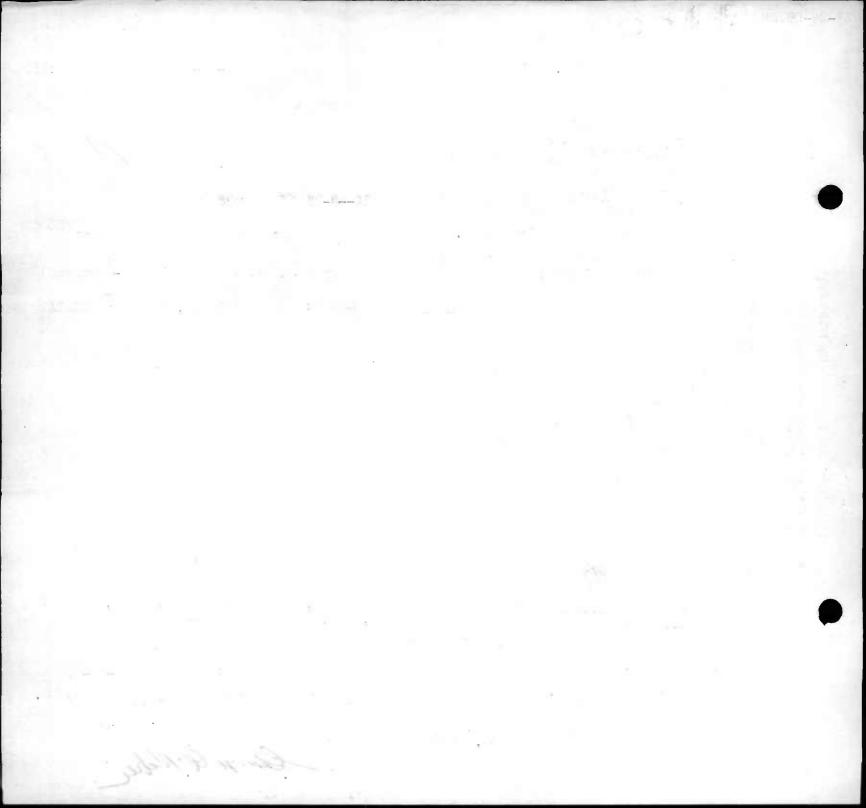
Bro's Inc. 1800 E. Lombard St. 213 Dippel

VS 150-REV. 1/1/65



49-29-09

3	412	BALTIMO	RE CITY HEALTH DEPARTMENT	1	AO 40
11-	RTH NO. 67 A843	CERTII	FICATE OF DEATH	Registered Na.	7 4843
1,	LE CASE NO.	2 1.116	2. DATE AND	HOUR OF DEATH	
(T	Thomas J.	Phillips		5-17-67	8:05 R.
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where d	eceosed lived. Il institution:	residence before odmission)
	HOSPITAL OR oddress or locolio		Maryland C. CITY OR TOWN (If outside	e city limits, write RURAL on	15 ales Co
	ANO THE ACT IN	aryland #21224	Baltimore		53-00
	BALTIMORE"	ATT TO CA	D. STREET ADDRESS (If ruro	l, give location)	
L	19/12/11/12	119 11035	8043 Wynbrook		
5.	Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		AGE (In years If Undo birthdoy) Months	or 1 Yr. II Under 24 Hrs. Min.
	A. USUAL OCCUPATION (Give kind of wor		DUSTRY 11. BIRTHPLA CE (Stole or loreign	country) 12, CIT	TZEN OF
100	Account ont	Esskay Co.	MD. Marylan		USA
1;	Accountant FATHERS NAME		14. MOTHER'S MAIDEN NAME	AL.	4007/1
	Frank Prank Francis (Deceased	ybylski Phillips	Ainstorne	Antonina Pau (Antoinett	rlak -Deceased)
1.5 (Y	. Was Deceased Ever in U. S. Armed Fo es, no or unknown) (II yes, give wor or doli	rces? 16. SOCIAL	17. INFORMANT BCM 49	40 Eastern Ave	nue
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	213-26-6	DECODE -	ltimore, Maryl	
H	18. 44		AUSE OF DEATH		INTERVAL BETWEEN
1	DISEASE OR CONDITION DI	RECTLY	2	,	ONSET AND DEATH
	LEADING TO DEATH	(A)	CARDIAC to	RREST	2 hrs.
	(This does not mean the mode of heart failure, asthenia, etc. 11 means		TO		
	injury ar camplication which caused		CORONDRY ART	EN DIESON	7 .00
H	ANTECEDENT CAUSES	(B) DUE		EN ENSEME	1 423.
	DISEASES OR CONDITIONS, IF		,		
	rise to the above cause (A) UNDERLYING CONDITION last.	slaling the (C)			· · · · · · · · · · · · · · · · · · ·
1	ll ll				
012401313430		ATED TO THE			
1	DISEASE OR CONDITION CAUSING	NOTION FOR WHICH OPERATIO		OB. IF YES, WERE FINDING	
1	WAS PER	RFORMED	NO	N CERTIFYING CAUSES OF	DEATH?
1	2TA. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJU	RY (e.g., in or about 21 C. WHERE DID	(II in Boltimore City, gi	ve exoct location)
:	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	street, office bldg., INJURY OCCUR?		
1 2	21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY (APPROX.)		Not While		
			Al Work	786 57	7 ~ 6
	22. I certify that (I) (this hospita	I) attended the deceased fro	May 17, 19 67- and that	b/ to 5 May	19017
	that (I) (we) last saw the deceas	ed alive an	May 17, 1967 and that	in(my) ( <del>out</del> ) apinian dec	ath accurred an the date
	and haur and fram the causes sto	ited abave. (1) (🖦 (did) (di	net) view the bady after death.		
	23A. SIGNATURE			23 B. DA	TE SIGNED
	John C. W	hell "	.D. Attending Med. Sto Phys. Director Ph	ys. 🔀	5-17-67
				ern Avenue Ba	
	JOHN (	Whelton C. WITELTON	M.D. BAIT	ITV HOSP	1106 #21224
2	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETER	Y or CREMATORY 24D. LOC	ATION (City, town,	or county) (Stote)
	Burial 5/22/			timore Marylan	2
2	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ca lothi	ADDRESS
		A 2" M	a die	Hos & Allege	ADDRESS
11	MANY 1 0 1007	[ /1 \10. [ ] Allow Calo 4950 [ ].	MAN TOUCK	100	(



BIRTH NO.

(Type or Print)

M.E. CASE NO.

BURIAL

25A. DATE REC'D BY HEALTH DEPT.

5-22-67

25B. NAME OF REGISTRAR

FREd

3. PLACE OF DEATH IN BALTIMORE, MARY

of death

LO

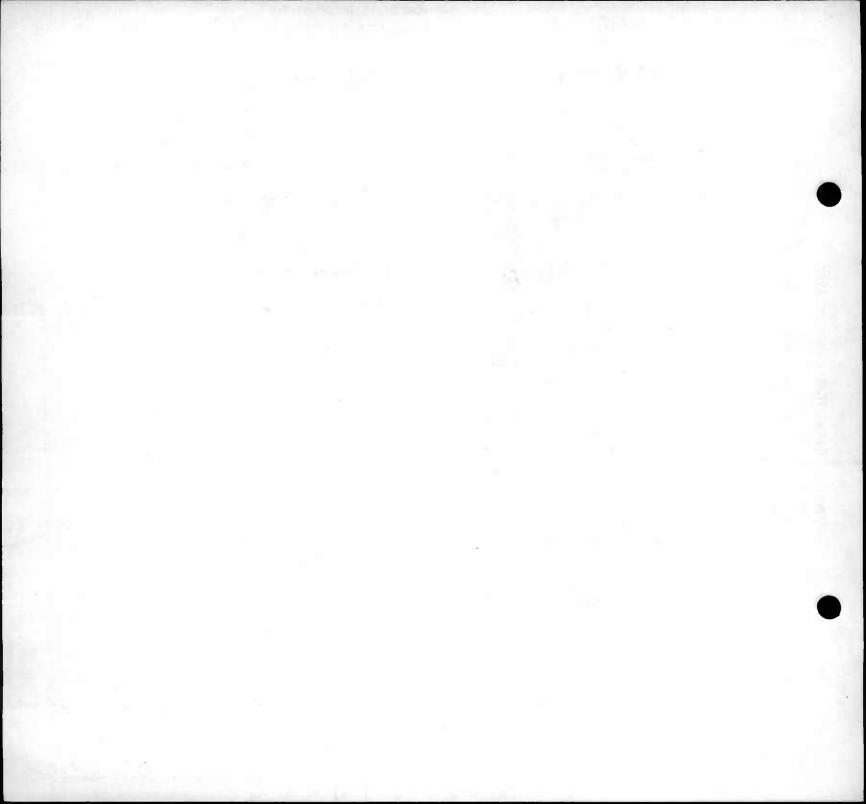
BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where eccessed fived. Ilf outside city limits, write RURAL and give townsh If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ELIZABETH STERGEON 2011 GRINNA/ds ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) (a) and that in (my) (a) aplaian death accurred an the date 23B. DATE SIGNED 615 Hammonds Lane, Baltimore 21225, Maryland BALTINORE NATIONAL BALTINOR

ME OF REGISTRAR

25C. FUNERAL DIRECTOR

GEO. L-Schwal Hyneral

Mancie W. Miller 2101



r	ause of death s; (5) Deceased ndance on the o death. Such	3. 1	CA CAME
)	occurred in ortibuting contributing consequence attended caus.	5. S	EX EN
	ir death of lirect or co ; (4) Undete h was in r in the deceders		et:
	r his assistanties, if the contained of any kind vonced deat thendance of the contained of the contained or final of the contained or c	(Yes	Was NO
	examiner o examiner. A 3) A fracture who prond n regular a		(This hear injur
TOTAL STATE OF THE CALLED	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION	OTH TO DISE 19A. 21A. OR C DEA'
)	This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excet deceased prior to death); and written approval must be obtai		22. that and 23A.
	This certificat the body was shows: (1) An was D.O.A. a deceased price written appro	24A	Bur Bur

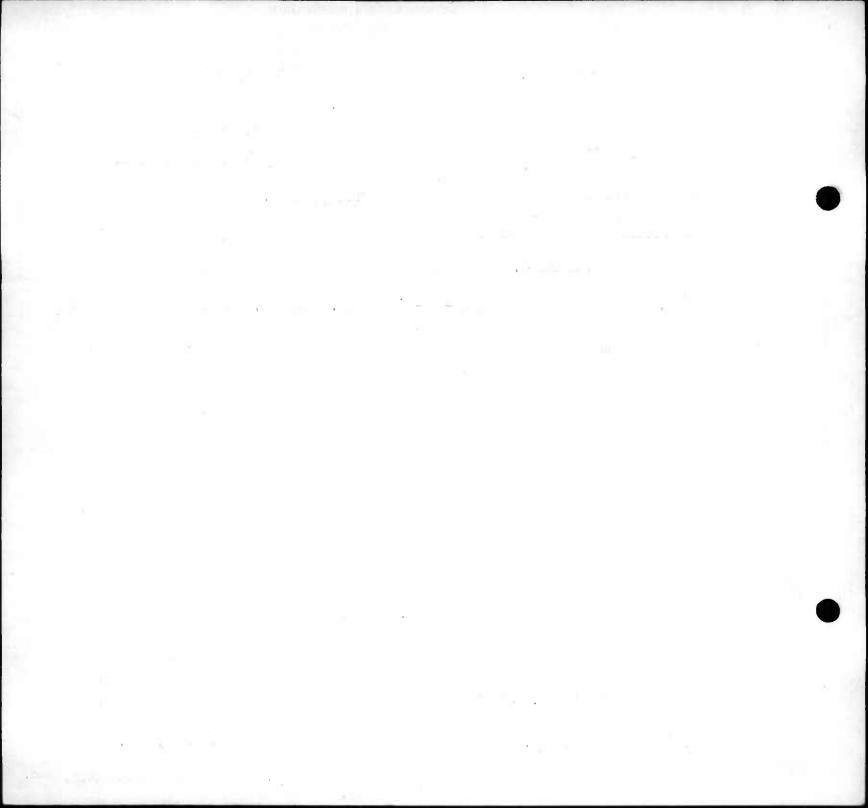
BALTIMORE CITY HEALTH DEPARTMENT 4845 Registered Na. CERTIFICATE OF DEATH SE NO. OF DECEASED 2. DATE AND HOUR OF DEATH MARY MC DONNELL MAY 16,1967 12:25pm E OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (If not in haspital or institution, give street NAME OF TAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township UTION BOLTON HILL NUPSING HOME D. STREET ADDRESS (If tutal, give lacation) NORTHWOOD DRIVE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. WIDOWED DIVORCED (specify) last birthday Hours AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working tite, even if relired) ired- General Baking Co. BALTIMORE, MARYLAND USA 4. MOTHERS MAIDEN NAME ERS NAME MC DONNELL MARY BURNS 17. INFORMANT Deceased Ever in U. S. Armed Farces 6. SOCIAL ADDRESS runknawn) (tf yes, give war or dates of service) SECURITY NO. 212-22-5400 Mrs. Lillian O'Brien Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Netastatic Caremono LEADING TO DEATH s does not mean the mode of dying, e.g., rl foilure, osthenio, etc. It meons the diseose, ry or complication which caused death.) ANTECEDENT CAUSES EASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the DERLYING CONDITION lost. ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE EASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimare City, give exact tocation) CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR? TH (natify medical examiner) TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? NJURY While At Nat While [ ROX.) Wark At Work I certify that (W (this hospital) attended the deceased from 11 about H) (we) last saw the deceased alive an 15 and that in (my) (aur) apinian death accurred an the date haur and fram the causes stated abave. (1) (We) (did nat) view the bady after death. SIGNATURE 23B. DATE SIGNED Attending [ Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) Bolton Hill Nursing Home William E. Lattimore M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial New Cathedral Baltimore Maryland was dece 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. & Sons 60. Balto.12.

67 4846	BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 1010
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	4040
M.E. CASE NO.  1. NAME OF DECEASED	- 1 -		HOUR OF DEATH	10.50
	ES FOSEPI		17/1967	H M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceaséd lived, if inst Y	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, g	ive sheet	MARYLAN		Bullico
INSTITUTION	Un (DITN)	BALTIMO		JRAL ond give township)
UNION MEMORIAL	MOSFILAG		ural, give location)	3 3 -0 0
+4		1856 LC	CH SHIE	EL RD
1411 TO 1411 TO 1411 TO	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
MALE WHITE WIDO	DEW	09-27-1889	77	
tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even (Mediced)	BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
ChET RE-	TIRED	IRELAND		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	011
THOMAS KEENAN		ELLEN	BYRNE	RILEV
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	215-07-2005	MR. VINCEN	T KEENA	N (son) from cha
18.420,11	CAUSE OF	DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	NI	unas relial	: 0.0	
(This does not meon the mode of dying, e.g.,	(A) DUE TO	yocordial drovas cular	mfare	MOR
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	0	10	H.	0
ANTECEDENT CAUSES	(8) Car	drovas cular	alleros	dejo(sis)
DISEASES OR CONDITIONS, if ony, giving	DUE TO			1R
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)			The xeining
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.		20 A. AUTOPSY? (Yes or No)	200 15 466 14506 51	NDINGS CONGINGS
WAS PERFORMED		20% AUTOPSY? (Tes or 140)	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
d DEATH (notify medical examiner) etc.)		ice bldg., INJURY OCCUR?		
Q 21 D. TIME (Month) (Day) (Year) (Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
While (APPROX.)	le AI Not While			
		nai. 12 8 pm 10	067 is m	01 17 10 AM1067
22. I certify that 也 (this hospital) attended the that 也 (we) last saw the deceased alive on	maj 17 10	40 1967 and the	t in/ (our) colol	lon death accurred on the date
and have and from the causes stated above.	*		( in the parties of t	ton deam accorred on the date
23A. SIGNATURE	(10) (414) (414 1161) (1	ew the body difer deaths		238. DATE SIGNED
Girelet Bretz	M.D. Alter	nding Med.	Staff Phys,	maj. 17. 67 11A1
23C. PHYSICIAN'S		3D. ADDRESS		
GISELLE T. BRE	ET2 M.D.	UNION	MEMORIA	L HOSPITAL
	ME of CHMETERY OF CREE			, town, or county) (State)
	EW ( pThEDO	ral Cem. B	stimare	MD
25A. DATE REC'D BY HEALTH DEPT! 258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
MAY 19 1967 (100 al	7 8 tarbuna	LE OSANOSA	Kuck In	c 5305 Anctorako
VS 150-REV. 1/1/65	1 0	4 8 5 5		

THE MCKIES BOUNDED STREET 1856 LOUR SHIEL BL 11 VAPITE WIDOUED - 09-27-984 1/ A U RELAND US THURST KEENSE SULEN PYRES ... MR VINCENT RELATED THE DWG 9H Myccordial infortion Cardionscular aller salegision minorana ett. [WEI], Shirte \* The state of the s GHUNTPHULD X New Collection GISELLE T BRETZ LIVION HEHORIDE H. THE

Such

		BALTIMORE CITY	HEALTH DEPARTMENT		67 4847
MRTH NO. 67	1847	CERTIFICA	TE OF DEATH	Registered No	07 4047
1. NAME OF DECEASED	Thomas Emor	y Johnson	2. DATE AN	TO HOUR OF DEATH	1 23°A
3. PLACE OF DEATH IN BALTIF		g goideson	4. USUAL RESIDENCE TWHEN	e deceased tived. If ins	titution: residence before admission
FULL NAME OF (If not HOSPITAL OR oddress	n hospitol or institution, or location)	give street	C. CITY OR TOWN (If out	() / , .	URAL and give township)
1 Ardleigh Nu	nsing Home	,	D. STREET ADDRESS (IF	Saltemore	21-14
2000 1	se Ave.		454	41 Keswick	Road
male whit	7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specify)	June 9,1893.	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
6A, USUAL OCCUPATION (Give one during most of working life, eve		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Rai	Iroad	Mary 14. MOTHERS MAIDEN NAM	land	USA
3. FATHER'S NAME	. , ( (	7 /	14. MOTHER'S MAIDEN NAM		
	inton L. g			Mary B	urns
5. Was Deceased Ever in U. S. Yes, no prunknown) (If yes, give UNR.		16. SOCIAL SECURITY NO. 717-07-7812	Mrs. Mary E.	0 1	(Same)
DISEASE OR COND	ITION DIRECTLY	CAUSE OF	DEATH	RO	INTERVAL BETWEEN
LEADING TO		, DUE TO	uces of &	merk	T MONN
heori failure, osthenio, etc.	It means the disease	DOE TO	alta		
ANTECEDENT		(B)	Tom, alesceno	leng	
DISEASES OR CONDITIE	ONS, if any, giving	DUE TO			
rise to the obave co		(C)		m m = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONTROL TO THE DEATH BUT	NOT RELATED TO TH	IG HE			
OTHER SIGNIFICANT CONI TO THE DEATH BUT DISEASE OR CONDITION OF 19A. DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.		
O SERTI	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF ho	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, offi )		(If in Boltimore	City, give exact location)
21D. TIME (Month) (Do	,	E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		hile At Not While At Work		1.	. / 9
22. I certify that (I) (this	beepital) ottended	the deceased from	Jamos 1	96/10	Kay 1) 196/
that (1) (we) lost sow the	deceased alive on.	July			ion deoth occurred on the do
and hour and from the co	uses stated obove.	(I) (We) (did) (did not) vi	ew the body ofter death.		
23 A. SIGNATURE	J. Hz	Seenh M.D. Atter Phys.	Director L	Stoff Phys.	May 17,6
	liam G. Helf		5 00 6R	cland a	N Balls to m
4A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C. N	AME of CEMETERY of CREA	MATORY 24D. LC	CATION (City	, town, or county) (State)
Burial 5		rraine Park	(emetery	Baltimore	, Md.
SA. DATE REC'D BY HEALTH I	0 1007 0	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 1 0	ADDRESS
-510 10	9 1967 R. De	DE, Janvey MA	Leonard J.	Kuck, Inc	Baltimore, Md
/S 150-REV. 1/1/65		A 49	40000		



1		67 4848	0	BALTIMORE CIT	Y HEALTH DEPARTMENT	T	CM - 4040	
- 16	BIRTH NO.	07 4040	3	CERTIFICA	TE OF DEATH	Registered Na.	07 4040	
	M.E. CASE NO. I. NAME OF DEC Type or Print)		. BROW	1		17, 1967.	16 A. M.	
100	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (II not in hospitol or institution, give street HOSPITAL OR oddress or locotion)			A. STATE Md. B. C.	OUNTY	stitution: residence before admission)		
	INSTITUTION	5406 Fair Oa		16	D. STREET ADDRESS	If outside city limits, write  Baltimore  (If rurel, give location)		
	O O				5406 Fair Oaks Avenue			
	Female	White	7. MARRIED, WIDOWED Marr	NEVER MARRIED , DIVORCED (specify) ied	January 3,190	7. P. AGE (In years lost birthdoy) 60	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
		working life, even if retired)	KIOR KIND OF	BUSINESS OR INDUSTR	Ireland	foreign country)	12, CITIZEN OF WHAT COUNTRY? U.S.A.	
2	3. FATHERS NAM	rick J. Kinse	11a		Mary Byrn			
3	5. Was Deceased Yes, no or unknown	Ever in U. S. Anned Fa	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT  Irving J.	Brown Sr.	ADDRESS	
-  -	1B. /	-			OF DEATH	DIOWN DI	INTERVAL BETWEEN	
	(This does in heart failure, injury or can DISEASES (rise to the	SE OR CONDITION DI LEADING TO DEATH nal mean the made al asthenia, etc. II means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e abave couse (A) G CONDITION lost.	dying, e.g., s the disease, d deoth.)	(A) DUE YOU (C)	Leneralized M Car Coro Carem Succindu	retalfatic conorra cona de ing Colon	onser and death	
	TO THE D	IFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING	ATED TO TH	E	20 A. AUTOPSY? (Yes	or No. 20R IF YES WEDE	FINDINGS CONSIDERED	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WE IN CERTIFYING 10 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Bolti						IN CERTIFYING CA	USES OF DEATH?	
Derore	OR CONTRIBI	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., NJURY OCCUR?						
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	ile 🗀	INJURY OCCUR?		
100	22. I certify that (I) (this haspital) attended the deceased from 19 to							
a reput in	and have and from the causes stated abave. (1) (Ne) (dld) (disor) view the bady after death.  23A. SIGNATURE  Attending Med. Stoff Phys. 17 May 196						17 May 1967	
approad	23 C. PHYSICIA NAME (1	JAMES	E.V	Shite M.O		Harfred	None, Batuell	
5	24A. BURIAL CRE REMOVAL (						ity, town, or county) (Stote)	
D	Burial 25A. DATE REC'D	5/20/	25B. NAME C	V Cathedral C	em.	Baltimore,	Md.	
	1	MAY 19 1967	Robert	E, Jarley MA	The state of the s		Balto. Md.	
116	VS 150-REV. 1/1/	65	7 3	7 0 1	0 6 5	7		

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		67	1050	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 4054
		H NO.	4850	CERTIFICA	TE OF DEATH	Registered Na	67 4850
	1, N	AME OF DECEASED		, 0/	2. DATE A	AND/HOUR OF DEATH	.00
		pe or Print) AME	5 FRANK	lin Yorten	SR S	17/67	165 PN
	3. F	PLACE OF DEATH IN	BALTIMORE, MARYLAN	ND /	4. USUAL RESIDENCE (W. A. STATE B. COL	INTY	itution: residence before admission)
	F		(If not in hospital or ins	titution, grve street	MARYLAND	1500pybyby	ZXXXXX
		NSTITUTION	ougress of loconon)	. /	12.//	outside city fimits, write RL	0411
A	100	<i>f. J.</i> .	M	/ //		Byurol, pive locotion)	1212 //•/0
;	1	Wiom	Monor	11 /Ospital	527 K	ichwood	AUE
3	5. S	EX 6. RAC	7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs. Months: Doys Hours Min.
	1	Vale h	)hite	Widowed	11-14-92	14	
	don	. USUAL OCCUPATIO Indusing most of working	N (Give kind of work 108, 1 life, even if retired)	KIND OF BUSINESS OR INDUSTRY &ORR	111. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	10	retired Det	KXXXXX XA	XXXXXXXXXXXX	MARUL	HNEL	U.S.
	13.	FATHER'S NAME	1	/	14. MOTHER'S MANDEN N	1	
?	15 1	Joseph	FOR	Ter	Jennie	HAR	e o N Burns
	(Yes	s, no or upknown (If yes	U. S. Armed Forces?	705-0793	17. INFORMANT	01/	ADDRESS
	U	POCKOKATONO P		XXXXXXXXXXXXXX	Patient's	ChART	1
5		DISEASE OR	CONDITION DIRECTL		OF DEATH		ONSET AND DEATH
			NG TO DEATH	(A) M	VOCARdial.	Infraction	? 7 davs
			on the mode of dying io, etc. II means the o		<b>, , , , , , , , , , , , , , , , , , , </b>		
		1 ' '	on which coused deall				
0			EDENT CAUSES	DUE TO		9 <sup>4</sup> 40 8 40 5 5 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
3		iise to the obo	NDITIONS, if ony, ve couse (A) stati		rrir 0 0 0 0 10 0 0 0 0 0 0 1 1 1 1 1 1 1 0 0 1		mmm <b>a (**</b> mnn= ««=== nnnagamn=o oo-oooono « oooooo 3 os 3 3 0 0 0 0 0 3
		UNDERLYING CON	IDITION Tost.				
	NO	OTHER SIGNIFICAN	CONDITIONS CONT	RIBUTING			14
	ATI	DISEASE OR CONDI					- Anni III - Anni
	ERTIFIC ATION	19A. DATE OF OPERA	MAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	CER	21 A. ACCIDENT WA	S UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact facation)
	AL	OR CONTRIBUTING		home, form, factory, street, etc.)	office bldg., INJURY OCCUR?		
3	EDIC	21 D. TIME (Mont	h) (Doy) (Yeor) (Ho	ut) 21 E INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
	×	(APPROX.)		While At Not Whi			
		22. I certify that 6	(this hospital) atte	ended the deceased from	~/11	1967 to S	1962
			aw the deceased ali				an death accurred an the date
		and hour and fram	the causes stated al	bave. (1) (We) (did) (444-44)			
		23A. SIGNATURE	211				23B. DATE SIGNED
3		form	K Vary	hand in M.D. Att		Stoff Phy s.	5/17/67
	1	NAME (Type)	VA.1101111/Jo	//	23D. ADDRESS		
	26	JOHN R,	VAUGHN MD.	M.D.	THE UNION M	EMORIAL HOS	
		REMOVAL (Specify) Burial	5/20/67.	Druid Ridge Cem		Baltimore,	Md. (Stote)
	25 A	DATE REC'D BY HE		NAME OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
		MAY	19 1967 0	But E, tarkerna	Leonard J. R.	uck, Inc. Balt	to. Md. 21214
1	VS	150-REV. 1/1/65		2 1 / 1 1	0 4 8 5 5	7	

527 Ruha Male White Widowel 4. 28-H-H At King with home Maryland Joseph Pepting Jean's Hore. Postsont's Chart Nyonadia Infantin

1	67	A Q 5-4 BALTIMORE CITY HEALTH DEPARTMENT	012
2	BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH R	egistered No.
	M.E. CASE NO.		

1. NAME OF DECEASED   CRMA K. ECKELS   C. DATE AND HOUR PRONOUNCED DEAD   S. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD   C. CITY DR TOWN (II outside conposite limits, write dence busines) stend   C. CITY DR TOWN (II outside conposite limits, write RURAL and give toweship)   C. CITY DR TOWN (II outside conposite limits, write RURAL and give toweship)   Elkton   D. STREET ADDRESS (II rund, give locased)   Elkton   Elk							
S. PRACE IN BAITIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET  FULL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET  MARYLAND GENERAL HOSPITAL  S. SEX  MARYLAND							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET    ADDRESS OR LOCATION  CONTRIBUTION, GIVE STREET							
MARYLAND GENERAL HOSPITAL  S. SEX  MARYLAND  MARYLAND  S. SEX  MARYLAND  MARYLAND  S. SEX  MARYLAND  S. SAGE (in years library)  S. SEX  MARYLAND  S. S							
MARYIAND GENERAL HOSPITAL  MARYIAND GENERAL HOSPITAL  S. SER  MARYIAND GENERAL HOSPITAL  S. DATE OF BETH  White  Widowed, Divorceolegecity)  Married  White  Widowed, Divorceolegecity)  Married  S. DATE OF BETH  Sept. 30, 1909  S. DATE of Beth  Sept. 30, 1909  S. DATE of Beth  Maryland  Sept. 30, 1909  S. DATE of Beth  Sept. 30, 1909  Sept. 30, 1909							
MARYLAND GENERAL HOSPITAL  Box #290 - RFD #2  5. SEX  6. BACE  Whowed, Divored Dispectly  White  White  White  White  White  Whowed, Divored Dispectly  Married  10. USUAL OCCUPATION (Give hind of work)  Housewife  10. USUAL OCCUPATION (Give hind of work)  Maryland  10. Either of foreign country)  Maryland  10. Cilizen Of White  Months: Doys I Under 1 Ys. If							
MARYLAND GENERAL HOSPITAL  D. STREET ADDRESS (If NYOI, give locasion) Box #290 - RFD #2  5. SEX  S. BACE  T. MARRIED, NEVER MARRIED Windows, DIVORCED(Specify) Married  Sept. 30, 1909.  Spt. 40, 1909.  Spt. 30, 1909.  Spt. 30, 1909.  Spt. 40, 1909.  Spt.							
Box #290 - RFD #2   S. DATE OF BIRTH   Sept. 30, 1909.   Sept							
S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   Sept. 30, 1909.   7. AGE (In years of brinday)   The property of the property							
Female White Married Sept. 30, 1909.   lost birthdoy! Shows be been arried   Married   Sept. 30, 1909.   lost birthdoy! Shows   Married   Married							
Interval Between   Cause of Death   Cause of Condition Stating the Stating of Security No.   Interval Between   Cause of Death   Cause of Condition Stating of Security No.   Interval Between   Cause of Death   Cause of Condition Stating of Cause of Condition Cause of Cause of Condition Cause of Cause of Condition Cause of C							
dane during most of working life, even if relired)  HOUSEWIFE  13. FATHER'S NAME  Herman H. Poske  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arouknown), (If yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO. IV. INFORMANT (SECURITY NO.							
13. FATHER'S NAME  Herman H. Poske  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT No. 17. INFORMANT No. 17. INFORMANT No. 18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., head failure, satheria, etc., if means the disease, riquy or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AS ANY, GIVING TO THE ABOVE CAUSE (AS ANY, GIVING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  10. Syncope during anesthesia  (C). Syncope during anesthesia  (C). Syncope during anesthesia  (E). Yes  Ves  Ves  Ves  Ves  Ves  Ves  UNDERLYING CAUSE WAS    Condition For which couse was performed Hermiated inter   Vertebral disc - L-5   Yes							
13. FATHER'S NAME							
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. I							
Test, no grunknown , (If yes, give wor or doles of service)   SECURITY NO.   Mr. Louis C. Eckels (Same)							
Test, no grunknown , (If yes, give wor or doles of service)   SECURITY NO.   Mr. Louis C. Eckels (Same)							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heard foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  Syncope during anesthesia  II  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HETTILATED 1  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HETTILATED 1  21A. PETERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  21A. PETERNAL CAUSE WAS 1  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, sheet, office bidg, INJURY OCCUR?							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliuse, ostherio, etc. If meens the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C). Syncope during anesthesia  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIated inter—  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIated inter—  21A. EXTERNAL CAUSE WAS OUNDERLYING CONTRIB- UNDERLYING CONTRIB- UNDERLYING CONTRIB- UNDERLYING CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar about) 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, sheet, office bidg, INJURY OCCUR?  ANTECEDENT CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar about) 21C. WHERE DID (If in Baltimore City, give exact location) home, form, factory, sheet, office bidg, INJURY OCCUR?  ANTECEDENT CAUSE OF DEATH.  OF INJURY  OF INJURY  OF INJURY OCCUR?							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C). Syncope during anesthesia  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 19.B. CONDITION FOR WHICH OPERATION 19.B. CONDITION CAUSING IT.  21.A. EXTERNAL CAUSE WAS 21.B. PLACE OF INJURY (e.g., in ar about 21.C. WHERE DID (If in Baltimore City, give exact location) which cause of DEATH.  21.D. TIME (Month) (Day) (Year) (Hour) 21.E. INJURY OCCURRED 21.F. HOW DID INJURY OCCUR?							
LEADING TO DEATH  (A) Bilateral pneumonia  (A) DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Hypoxic cerebral damage  DUE TO  (C) Syncope during anesthesia  (B) Hypoxic cerebral damage  DUE TO  (C) Syncope during anesthesia  (E) Hypoxic cerebral damage  DUE TO  (D) TO  (D							
(This does not mean the made of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Syncope during anesthesia  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HETNIAted 1nter— Vertebral disc — L-5  Vertebral Cause Was UNDERLYING YOR CONTRIBUTING COUNTING YOR CONTRIBUTING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYING YOR CONTRIBUTION (e.g., in or obout 21C, WHERE DID (If in Bultimore City, give exact location) home, form, factory, sheet, office bldg. INJURY OCCUR?  HOSPITAL MARYLAND GENERAL HOSPITAL ABUTY OCCUR?							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HETNIALED 11 TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HETNIALED 11 TO THE DISEASE OR CONDITION CAUSING IT.  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES UNDERLYING FOR CONTRIB- UNDERLYING FOR C							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) Syncope during anesthesia  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIATED TO THE DISEASE OF DEATH?  20 VERT STREET OF THE ABOVE CAUSE (C). SYNCOPE during anesthesia  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED HERNIATED TO THE DISEASE OF DEATH?  21 A. EXTERNAL CAUSE WAS DISEASE OF DEATH.  21 B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?  21 D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(C) Syncope during anesthesia    Co Syncope during anesthesia							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED Herniated inter- WAS PERFORMED Herniated inter- Yes  21A, EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UNITED CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE WAS UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING CAUSE OF DEATH.  41B. PLACE OF INJURY OCCUR?							
S-11-6/   Vertebral disc - L-5   Yes   Yes							
S-11-6/   Vertebral disc - L-5   Yes   Yes							
S-11-6/   Vertebral disc - L-5   Yes   Yes							
S-11-6/   Vertebral disc - L-5   Yes   Yes							
S-11-6/   Vertebral disc - L-5   Yes   Yes							
The Cause of Death.    etc.  Hospital   Maryland General Hospital							
The Cause of Death.    etc.  Hospital   Maryland General Hospital							
OF INJURY							
OF INJURY							
D II D/ AM Many Y Cymoono during anosthosis							
22.  I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion							
resulted fram: Natural causes Accident X Suicide Hamlolde Undetermined manner							
ACTUAL CHIEF MEDICAL EXAMINER X DATE SIGNED							
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED							
FXAMINER'S ASSOCIATE MEDICAL EXAMINER 5-17-67							
NAME (Type) RUSSELL S. FISHER, M.D.							
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)							
Burial 5/20/67. Parkwood Cemetery Baltimore, Md.							
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS							
MAY 19 1967 R. D. & E. Jacketta Leonard J. Ruck, Inc. Balto. Md. 21214							
MAY 19 1967 Robert E. Farley M. Leonard J. Ruck, Inc. Balto. Md. 21214							

VS 151-REV. 1/1/65 N999 129670004860

estat III name Mr. Managel. Ininto in a second seco California de la Calabora de la Cala

there of better out that I pre-out

7		67 4852 BAI	TIMORE CITY HEALTH DEPARTMENT	67 4852
1-	75705	BIRTH NO.	RTIFICATE OF DEATH Regist	red No. 0/ 4006
	1 + 0 + 0	M.E. CASE NO.	2. DATE AND HOUR O	F DEATH
	- 6 6 5	(Type or Print) JASON POWERY		- 3 D
	hospita ise of (5) Dec ance o death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
	se o (5) D ance deat		BRITISH WEST INC	1150
	hos use (5)	FULL NAME OF (If not in hospital or institution, give street oddress or location)		nits, write RURAL and give township)
	cau cau se;	THE JOHNS HOPKINS HOS	DITII	CAYMAN V-51
		23	D. STREET ADDRESS (If rural, give la	
	D.=_ L.			07-05
	1 0 0 D	5. SEX 6. RACE 7. MARRIED, NEVER M		
	Tri Tri Ban	MALE NEGRO NEXER MAR	RIED 8-7-56	Months Days Hours Min.
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS		12. CITIZEN OF
	or conderder single decition	done during most of working life, even if stired	12- 416400 0	WHAT COUNTRY?
	de de Character de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- West Unites
	rif d irect (4) U was the isposi	ARUNAH POWERY	10.11	
Y			KILLE	ADDRESS
2			RITY NO.	ADDRESS
747	ssist the the de de fina	m ~ []:	Grand Once	Acu, e
3 6	any it a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made all dying, e.g.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
SX AMENDANE	den fo	DISEASE OR CONDITION DIRECTLY	T	
2	Als Als	(This does not mean the made of dving a co.	A LETRALOGY OF FALLOT	CONG.
-	ייי לייי	nearr lailure, astnenia, etc. it means the disease,	1	
0	mb representations	injury ar camplication which caused death,)  ANTECEDENT CAUSES	ANDREA & CARDTAR A	BREST 63
7 5		DISEASES OR CONDITIONS, II any, givings	QUE TO	
5	X X X X	rise to the above cause (A) stating the	COPSE CARDINE CATH ACED	16 Am = 5
3	an in	UNDERLYING CONDITION last.	8	
5 6	a 8 c . 3 a c .	II ##		
7	med edice burr burr hysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	,	
2 0	FEYGE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF Y	
	hie hie	WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
1	2) By by bhy bhy	The state of the s	F INJURY (e.g., in or obout 21 C. WHERE DID (If	in Boltimore City, give exact location)
0	+======================================	OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examiner)	octory, street, office bldg., INJURY OCCUR?	commercially, great account
	A N A A			
3	osp necession	S OF INJURY	Not While	R?
3	a.d.o.a.	(APPROX.)	At Work	
9	the the an	22. I certify that (I) (this haspital) attended the deceas	sed from 5-15 19 67 to	5-17
ON MARK	0000	that (1) (we) last saw the deceased alive an	17 19 67 and that in (my)	(aur) apinian death accurred on the date
8	iust be a leased to ident of hospital o death)	and haur and from the causes stated above. (11)(We) (di		
2	ust be cased dent dear	23A. SIGNATURE		238, DATE SIGNED
5	must eleas ccide i hos to da	Don Eugene Detre	M.D. Attending Med. Phys. Phys.	5-17-67
	rel acci	23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	9
	ficate was re A. at a prior	DON EUGENE DETMER	M.D. 601 N. BRONDWAY,	BALTO, MD 21205
	ifi A d d d d d d d d d d d d d d d d d d d		METERY OF CREMATORY	(City, lown, or county) (State)
	This certificat the body was shows: (1) An was D.O.A. at deceased pric	REMOVAL (Specify) 5- 21 /7 Book	- Bandlal Da	7. TR. 1-11.181
	s ce book ws: s D.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	AR 25C. ANNERAL DIRECTOR	our presed Willage
	This ce the books: was D. deceas		Deura Seal Borden &	1 House landon 1-
		VS 150-REV. 1/MAY 19 1967 1 C. 6 2 40	Hear Borden	None was dicked
		3 (35-16 V. 17 17 03 )	0004861	

TETRALOGY # PALLOT

TETRALOGY # PALCOT

TETRAL

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Don Eugene Detmen

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SOIL N GROWNING, ENLTO, I'VE : 1205

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VS 150-REV. 1/1/65

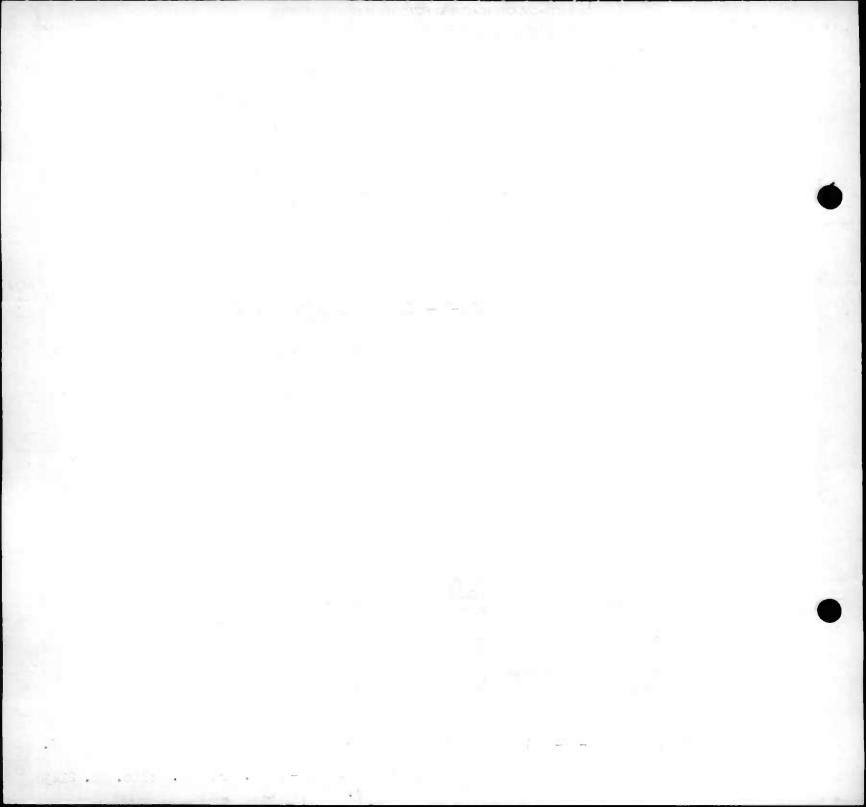
1967

a hospital and

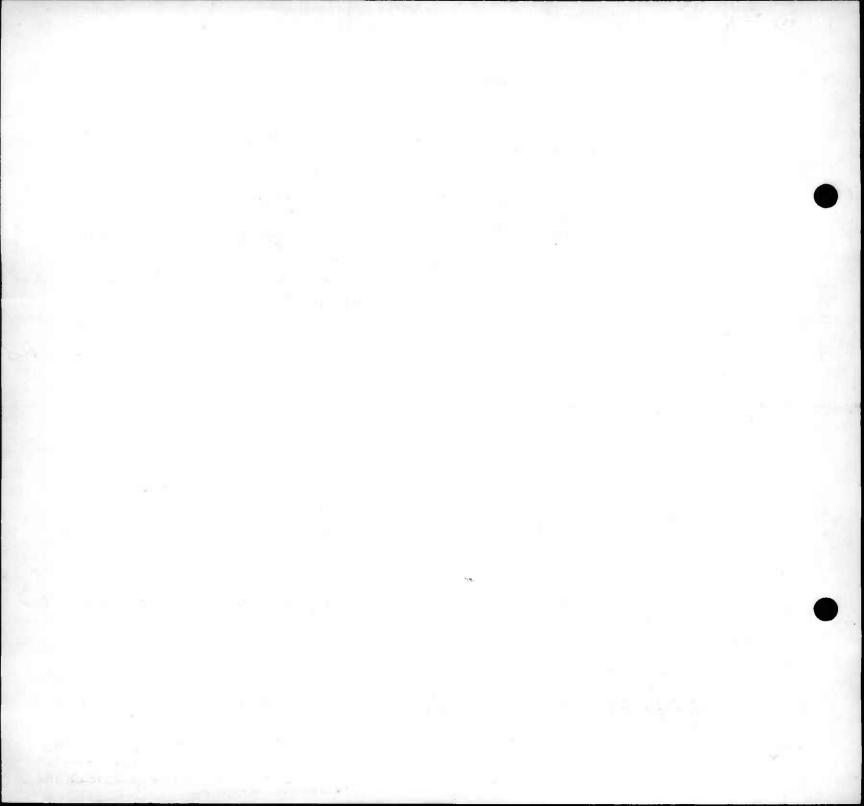
-	OP ADED	BALTIMORE CITY HEALTH DEPARTMENT		CP 4010
3	BIRTH NO. 67 4853	CERTIFICATE OF DEATH	Registered No.	67 4853
	M.E. CASE NO.  1. NAME OF DECEASED		ID HOUR OF DEATH	
	(Type or Print) ANNa. M. M. C.	urdy	5-17-67	12 Noo NM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (When		on: residence before admission)
	FULL NAME OF (If not in hospital or institution, gr	ve street Manyl	a NC	
	HOSPITAL OR address or location)	C. CITY OR TOWN Alifour	tside city limits, write RURA	L ond give township
	43	D. STREET ADDRESS (III	rural, give location)	0 7001
	South Baltimore GEN	eral Hasp 101 W. C.	1EMENT	Street.
		NEVER MARRIED / B. DATE OF BIRTH	9. AGE (In years If lost birthdoy) Mai	Under 1 Yr. If Under 24 Hrs.
	F. White Sin	10/E. 10-22-88	18	
	10%, USUAL OCCUPATION (Give kind of work 10 B. KIND OF done during most of working life, even if relired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or forei	ign country) 12,	CITIZEN OF WHAT COUNTRY?
		Baltin	pore, ma	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	2 1)
	John H.	71/	ary to	Butler.
	15. Was Deceased Ever in U.'S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17, INFORMANT	10 Ax	ADDRESS #
	NO	215-10-5717 Do. DA To Ger	e Hosp, Recd.	s. Jight & Wst.
	18. 2 60 X I	CAUSE OF DEATH	/	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) ARTERIO Schenotic	CARdIOVACULAN	96 cans
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	DIJONSE	
	injury or complication which caused death.)	Dinhetes Mes	LITUI	9 Leave
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	101 Chronic CONGEST	we heart	9 y enns
	UNDERLYING CONDITION loss.		tancine	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			4
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		TERMITALLY	1 hours
	19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION 20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND	
	W 21A ACCIDENT WAS UNDESTRING TO 1218	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	(II in Baltimara City	, give exact location)
	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  OCONTRIBUTING CAUSE OF  etc.)	e, lorm, foctory, street, office bldg., INJURY OCCUR?	tit in bolinnare City	, give exact laconom
;	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED 21F. HOW DID INJ	URY OCCUR?	
	(APPROX.) Whit	Not While At Work		
	22. I certify that ( this hospital) attended th	e deceased from 4-28	19 67 to 5	-17 19 67
	that (#E(we) lost sow the deceased alive on	5-17 19 67 and th	not In (and (our) opinion	death occurred on the date
		(We) (did) (did not) view the body ofter death.		
	23A. SIGNATURE	M.D. Attending Med.	Stoff 23 B.	DATE SIGNED
;	Stary N. Olemny	Phys. Director	Phys.	5-17-67.
	23C. PHYSICIANS/ NAME (Type)	23D. ADDRESS	C = 10 4 11	· · · · · · · ·
	24A. BURIAL CREMATION, 24B. DATE 24C. NA	M.D. SOUTH BANTIF		wn, or caunty) (State)
	REMOVAL (Specily)			
	Burial 5-20-1967 New 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		ltimore	Md.e

-130

E, Fort Ave. Balto. Md. 21230



7	washington to ma	BALTIMORE CITY	HEALTH DEPARTMENT		
٥	BIRTH NO. 07 4854	CERTIFICA	TE OF DEATH	Registered No.	67 4854
	IN. E CASE NO.  I. NAME OF DECEASED  (Type or Print)		2. DATE AND	HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	n		6-67	10:20 AM.
	S. FEACE OF BEATH IN BALLIMONS MARIENTO		A. STATE B. COUNT		O - State 1 0
	FULL NAME OF (If not in hospital or institution, eddress or lacation)	give street	C. CITY OR TOWN (If outs	ide city limits, write RL	IRAL and give township)
	INSTITUTION	11 . 0	Hage	tour	md71-03
•	38 Unwerrelly	Hospital		orol, give tocotion)	
s mad	M W WIDOWED	D, DIVORCED (specify)		S AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
n is	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPL'A CE (Store or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
disposition	Chile		Mary	and	USA
pos	13. FATHER'S NAME	. 4 4 0-	14. MOTHER'S MAIDEN HAM	E /	,
dis	James Mb	00	17. INFORMANT	, Och	ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	OR OF T	/	ADDRESS
Ţ	1B. 1	None CAUSE O	E DEATH		INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
me	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) AR	genal enter	itis	3 months
mbalmed	heort foifure, osthenio, etc. It meons the disease, injury or complication which coused death.)	0			*
0	ANTECEDENT CAUSES	(B)			
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(C)			
ins	UNDERLYING CONDITION lost.				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	19A. DATE OF OPERATION 198. CONDITION FOR		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED
	5/12/6/ ml	estinal obstrue	n or obout 210. WHERE DID		City, give exact location)
before	OR CONTRIBUTING CAUSE OF hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	W W SILVE	ony, give exact localion,
		INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ained	OF INJURY (APPROX.) Wh	ile At Not While	е		
þ	22. I certify that (I) (this hospital) attended t	he deceosed from	4/6	967 10	5/16/1962.
pe o	that (1) (we) last sow the deceased alive on	3/14	19 6 ond the	t in (my) (our) opini	on death occurred on the date
	ond hour and fram the couses stated above. (I	) (We) (did) (did not) v	iew the body ofter deoth.		
must	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff A	23B. DATE SIGNED
approval	23C. PHYSICIAN'S	Phy	s. Director 1  23D. ADDRESS	Phys. 12	3/10/0
pro	ALLEED ROSEM	ETE MI M.D.	Unever	retes H	espite X
dp	24A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME OF CEMETERY OF CRE	EMATORY 24D. LO	CATION (City	, town, or county) (State)
en	Bureal 5/18/67 R	De 18:11 Com	tern Ho	gerstown 1	wosh Go Md
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 :10	= (+N+1 ADDRESS SI)
3	MAY 19 1967 100	I.E. Stadley MA	Ampequic Com	HINAN H	agerstown me
	V\$ 150-REV. 1/1/65		1-uncen1	tom du	



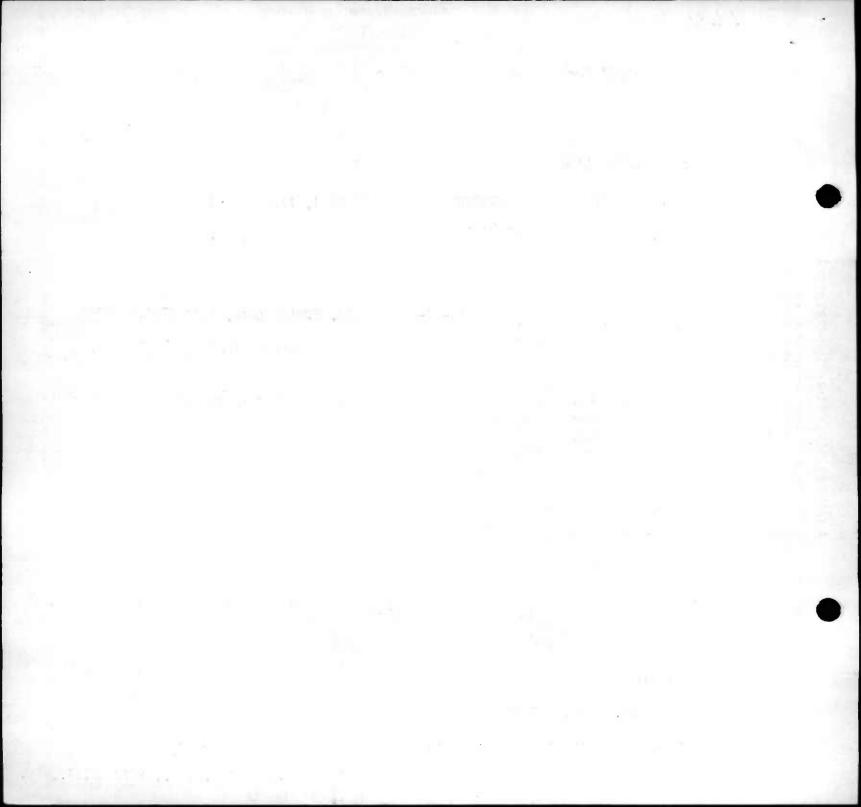
	Or.	4 4000		BALTIMORE CITY	HEALTH DEPARTMENT	V	00 4055
	11 140.	7 4855		CERTIFICA	TE OF DEATH	Registered Na.	67 4855
1. N	AME OF DECEASES oe or Print)		IR		2. DATE	AND HOUR OF DEATH	
	LACE OF DEATH I	VIENS.	PIERR	RE BEORGE	MA	y 17, 1967	2:55 AM M.  nstitution: residence before odmission)
3. F	TACE OF DEATH II	BALTIMORE MAI	GLAND		A. STATE B. CO	UNTY	nstitution; lesidence Detoile odmission)
H	FULL NAME OF	(If not in hospital a		ive street		WARD Co	RURAL and give township)
11	NSTITUTION	ST. AGNE				ITY	63-00
	40	WILKENS				(If rurol, give location)	
5. S	EX 6. RA	BALTO. 2		NEVER MARRIED	COLLEGE AV	9. AGE (In yeors	II Under 1 Yr. If Under 24 His.
M	ALE CA	UCASION	MARR	ED (specify)	11-15-21	lost birthdays	Months Doys Hours Min.
done	during most of workin				11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	HERAPIST		TAYLOR	MANOR HOSPITAL	MASS. 14. MOTHERS MAIDEN P	10015	U.S.A.
13.	PIERRE	GEORGE VI			KATHERINE	EGAN	DEC ® D
(Yes	was Deceased Ever s, no or unknown) (If y ES	in U. S. Armed Forces, give wor or dote: 3/42TO 3-	s of service)	16. SOCIAL SECURITY NO. 018-14-6756	ST. AGNES	RECORDS: W	ADDRESS AVES.
	18.	/· I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIR	ECTLY	AC	UTE MYC	CARDIAL	INFARCTION
		eon the mode of		DUE TO			
	injuly of complico	tion which coused		(P)			
		ONDITIONS, if a		DUE TO			
		ove couse (A)		(C)			
ATION	TO THE DEATH	II NT CONDITIONS CO BUT NOT RELA	TED TO THE				
CERTIFICA	19A. DATE OF OPE	ATION CAUSING IT	DITION FOR V	WHICH OPERATION	YES	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ا ہے ا	21 A. A CCIDENT WOR CONTRIBUTING	CAUSE OF	21 B. hometc.)	e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimo	re City, give exact lacotion)
EDIC		nth) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
×	(APPROX.)		Whi	le At Not While	· 🗆		
	22. I certify that	(1) (this haspital		e deceased from M		19 67 to M	AY 17 1967
		saw the decease			19 67 and		Inian death accurred an the date
	and have and frai	n the causes stat	ed above. N.	) (We) (did) (XX Xa+) v	iew the bady after deat		
	23A. SIGNATURE		-/1			e. "	23 B. DATE SIGNED
		Just	Jak	Phy	nding Med. Director	Stoff Phy s	5 17 67
	23 C. PHYSICIAN'S NAME (Type)	J	T	1225145	ST ACNES LINE	SP, WILKENS	C CATON DALTO 20
24A	BURIAL CREMATI	) UAN ON, 248. DATE	J. C	ME OF CEMETERY OF CRE			City, town, or county) (Stote)
	REMOVAL (Specific BURIAL)			OD SHEPHERD		ELLICOTT, CIT	
	. DATE REC'D BY		25B. NAME O		25C. FUNERAL DIREC		1/10// 29945
	MA	y 19 1967	OR D. F	- E Faberna	F.C.HIGINBO	THOM, ELLICOT	r ciry, MD.
VS	150-REV. 1/1/65	<u>,                                    </u>	1	0 / 0 0	1 1 5 6	6	

. . and mid the contract of the contract o Market Street St

BIRTH NO. 4000 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 0 4856				
M.E. CASE NO.					
1. NAME OF DECEASED Chesler R. Sines	5, 14, 67 REST				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: tesidence before admission) A. STATE Mary Rund B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Ballowere  11-06				
40 St. agnes Hospital	D. STREET ADDRESS (If rurol, give locotion)				
	3160 Wilkins Avenue				
6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	B. DATE OF BIRTH  9. AGE (In yeors lift Under 1 Yr, If Under 24 Hrs. Months, Doys Hours Min.  Mar. 27, 1928				
done during most of working life, even if retired)  Machinists  Heavy Industry	VII. BIRTHPLACE (Stote or foreign country)  Oakland, Md.  12. CITIZEN OF WHAT COUNTRY?  USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Jonas Sines	Grace Mayles				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
Yes Navy 217-28-0088	Mrs. Margaret Sines see # 4 above				
0 - 1	E OF DEATH INTERVAL BETWEEN				
Andrew of Constraint Places in	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Erros levotri Carbo-				
(This does not meon the mode of dying, e.g., head follower, asthenia, etc. It means the disease.	Varenlar disease				
injury or complication which coused death.)	Vascular askase				
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION WAS PERFORMED  (C)	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
V 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- home, form, foctory, street, etc.)	in or obout A.C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.)  WHILE AT NOT WHILE  MORK  AT WORK					
22.  I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion					
resulted fram: Natural causes Accident Suicic					
Accident Suite Accident	CHIEF MEDICAL EXAMINER				
SIGNATURE Allene h, Enter M.D	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Werner W/Spitz	ASSOCIATE MEDICAL EXAMINER 5,14,67				
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)				
Burial 5/17/67 Garrett Co. I					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				

15 25 经营业

	1-1/	BIRTH NO. 67 4.857 CERTIFICATE OF DEATH Registered No. 67 4857
	56656	M.E. CASE NO.
000	- T 0 E	(Type or Print) LORDAINE-TEPPER 5/13/17 1230 AN
	5 - 9	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where dedeosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
	hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street HOSPITAL DR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	cau use; tender	INSTITUTION
	ng cau cause; attend ior to	D. STREET ADDRESS (If sure), give locotion)
	b d d	3606 CLARKS LANE 3606 CLARKS LANE
	occurr ontribu ermine regula sased is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (fin years lost birthday) If Under 1 Yr. If Under 24 Hrs Min.
	occur ontrik ermin regul sased is ma	FEMALE WHITE WIDOWED APRIL 1 1896 71  IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF
	on on	done during most of working life, even if retired)  TUGAT  DUTLADE DUTA  ON  1004
	ded Unc as e d	HOUSEWIFE AT HOME PHILADELPHIA, PA. USA  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME
	if (4) (4) the the	UNKNOWN SOMMERS UNKNOWN
Z	tant e di ind; eath eath	15. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   (Ves, no or unknown)   (Ves, give war or dates of service)   17. INFORMANT   17. INFORMANT   18.   1
ORTAN	kindy deat deat nce o	
Ö	da da	18. 420', I CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
MP	So of of the property of the p	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DATE OF MANY TO MENTER OF THE MENTER O
		OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  (B)  Chanic Carany Scleron:  (B)
OR:	niner or fracture o prono gular a	injuly or camplication which caused death.)  Chamie Chamie Chamie Sclerons 1 42
5	2 0 0	DUE TD
LU I	exa 3) A 3) A	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sforting the (C)
DIR	ical ial is; ( ciar as i	UNDERLYING CONDITION last.
AL	did did	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
R	# E > 0.00	DISEASE OR CONDITION CAUSING IT.  DISEASE OF CONDITION CAUSING IT.  DISEASE OF CONDITION CAUSING IT.  DISEASE OF CONDITION CAUSING IT.  20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
UNER	chie Bod the ysic e th	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	tal by s; (2) here No ph	U 21 A, ACCIDENT WAS UNDERLYING [ 218, PLACE OF INJURY (e.g., in or obout [21 C. WHERE DID (If in Boffimore City, give exact locohon)
	by the re; (whe No	DEATH (notify medicof exomine)
	osi atu (6)	OF INJURY  While At Not While A
		22. I certify that (I) (this haspital) attended the deceased from 1 1960 to 5/13 1967
	appro to the fany il (exc i); an	22. I certify that (I) (this haspital) attended the deceased from 1960 to 5/10 1961 that (I) (we) lost sow the deceased alive on 5/13 1967 and that in (my) (our) opinion death occurred on the da
	0700+-	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
	assed to dent of ospital death) must b	23A. SIGNATURE 23B. DATE SIGNED
		Manuel Fildman M.D. Attending Med. Stoff Director Phys. 5/14/67
	was re An ac An ac prior	23C. PHYSICIANS NAME (Type)  23D. ADDRESS  PA D  C  T
	we we A. (A. (Pr. Ipp	DR. MAURICE FEIDMAN  24A. BURIAL CREMATION, [24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Stote)
	This certificate mathe body was released shows: (1) An accivate No.A. at a faceased prior to written approval	REMOVAL (Specify)
	This cert the body shows: (1 was D.O decease	BURIAL 5/16/67 BALTIMORE HEBREW BALTIMORE, MARYALNO 256. FUNERAL DIRECTOR ADDRESS
	This the k show was dece	MAY 19 1967 A. D. & S. Falkenia SOL LEVINSON & BROS. INC., 6010 REIST., RD
		VS 150-REV. 1/1/65



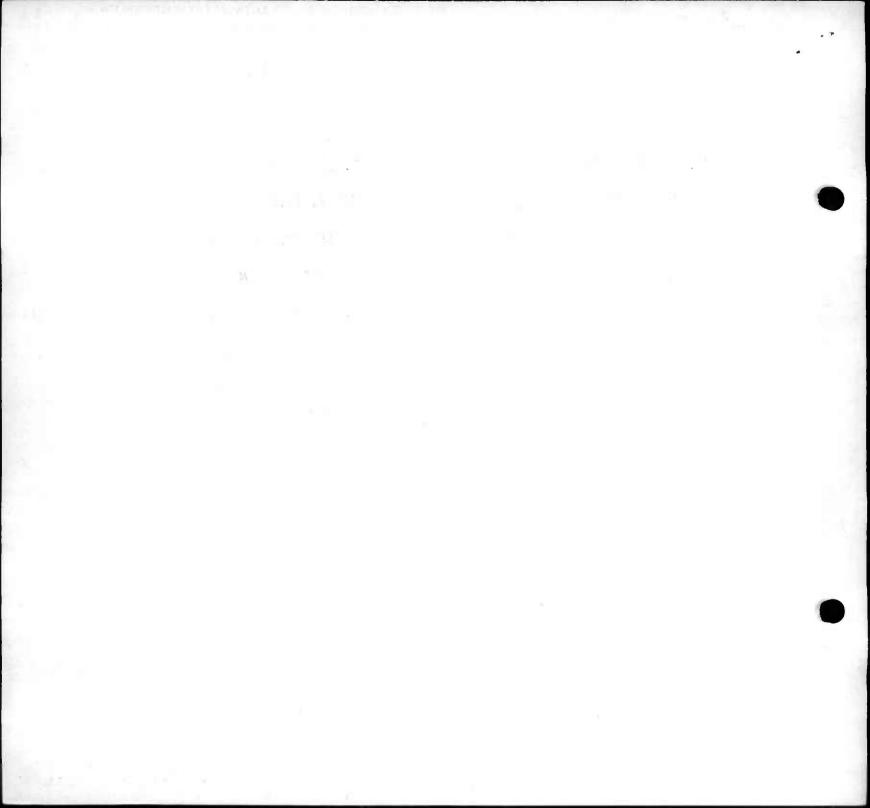
BETH NO.  M.E. CASE NO.  J. PLACE OF DEATH REDICTION OF DEATH  FULL NAME OF BLINDINGE MARKENDO  J. PLACE OF DEATH IN BALTIMORE, MARKENDO  J. PLACE OF DEATH  J. J. STREET ADDRESS  J. J						
STNAT HOSPITAL OR INSTITUTION   SAME OF DEATH   N. BALTIMORE MARKIAND   A. STATE   B. COUNTY   Oddies or locoson   Oddies or						
3. PLACE OF DEATH IN BATTMORE, MARYLAND  FULL NAME OF (If not in haspitel or institution, give steet oddies or location)  FULL NAME OF (If not in haspitel or institution, give steet oddies or location)  FULL NAME OF (If not in haspitel or institution, give steet oddies or location)  FULL NAME OF (If not in haspitel or institution, give steet oddies of not institution)  FULL NAME OF (If not in haspitel or institution, give steet oddies of not institution)  FULL NAME OF (If not in haspitel or institution, give steet oddies of not institution of institution of institution of the not of the						
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SINAI HOSPIAL  S. SEX  G. RACE  WIDOWED, DIVORCED ispecily)  WASTERNOR, Months, Months, Williams, Months, Mo						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. COUNTRY?  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS Deceased Ever in U. S. Armed Forest Service!  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. INFORMANT  19. I						
10. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)   12. CHIZEN OF WHAT COUNTRY?   13. FATHERS NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. SOCIAL   16. SOCIAL   17. INFORMANT   17. INFORMANT   18. WELLOW   18. WELLOW   18. WELLOW   18. WELLOW   19. SOCIAL						
13. FATHER'S NAME  UNKNOWN  15. Was Deceased Ever in U. S. Armed Forces? 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.  18.						
IS. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  18. CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.  10. THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH B						
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT   18.   19.						
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  ARTENIO SCURNOTE CHROICO - 2 YRS  DUE TO VASOLAR MEANT DISEASE  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stoting the (C) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED						
UNDERLYING CONDITION last.    Content of the death but not related to the disease or condition causing it.    Content of the death but not related to the disease or condition causing it.    Content of the death but not related to the disease or condition causing it.    Content of the death but not related to the disease or condition causing it.    Content of the death but not related to the disease or condition for which operation was performed   200 a. autopsy? (Yes or No.)   200 b. If Yes, were findings considered in Certifying Causes of Death?						
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
DATE AND DESIGNATION OF THE PROPERTY OF THE PR						
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact locotion) (II in Boltimore City, give exact locotion) (II in Boltimore City, give exact locotion)						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?  White At Not While						
(APPROX.) Work At Work						
22. I certify that (I) (this haspital) attended the deceased from 5 1 1 5 1 6 19 6 7 to 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE  Attending Med. Stoff Phys. Director Phys. Director Phys. Director Di						
SHEUDON FRANK M.D. SINAL HOSE (VAL OF BACTMONE)						
24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
BURTAL 5/17/67 RETH TSAAC ADAS ISRAEL BALTIMORE, MARYLAND ADDRESS						
MAY 19 1967 ( Leb & Jacket Sol LEVINSON & BROS. INC., 6010 REIST., RD.						

VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPA	RTMENT
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	67	4859
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BIRTH NO. 67 4859	CERTIFICA	TE OF DEATH Regis	tered No. 0/ 4859		
1. NAME OF DECEASED		2. DATE AND HOUR	OF DEATH		
3. PLACE OF DEATH IN BALTIMORE MARYL	ROBERTS	MAY 14, 196	57 St >0 F M.		
3. PLACE OF DEATH IN BALTIMORE, MARTE	AND	A. STATE B. COUNTY	d lived. If institution: residence befare admission)		
FULL NAME OF (If not in hospital or in hospital or oddress or location) INSTITUTION	HOSPITAL OR oddress or location)		mits, write RURAL and give township)		
90		D. STREET ADDRESS (If rurol, give	locotion)		
MT. SINAI NURSING HOME		MT. SINAI NURSING H	IOME 7 5 3 PAR Yeights A.		
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthdo	yeors If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min,		
FEMALE WHITE	WIDOWED	APRIL 7, 1901 66			
10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	]]. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?		
HOUSEWIFE	AT HOME	BALTIMORE MARYLAN	ID USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
SAMUEL TEVES		PACHAFI RINCL			
5. Was Deceased Ever in U. S. Armed Forces Yes, no or unknown! (If yes, give war or dates o	? 16. SOCIAL SECURITY NO.	RACHAEL BLOCK	ADDRESS		
NO	14	MRS. LORRAINE BERLIN	1 0711 VIDV AUTUUT 446		
18.// 20./	CAUSE O	DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECT	TLY		ONSET AND DEATH		
LEADING TO DEATH	(A) CO.	onemy through	9575		
(This does not mean the mode of dying, e.g., healt failure, asthenia, etc. It means the disease,					
injuly of complication which caused death.)  Afterior schools and served year					
ANTECEDENT CAUSES	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heoit failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS if any giving				
John Control of Contro					
underlying condition last.					
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING D TO THE	COV Tract	mater Several		
DISEASE OR CONDITION CAUSING IT.	(h/0n)		YES, WERE FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDIT			TES, WERE FINDINGS CONSIDERED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21C. WHERE DID (III	in Baltimore City, give exact location!		
21D. TIME (Month) (Doyl (Year) (	Hour 21E, INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?		
E OF INJURY	While At Work Not While At Work				
22. I certify that (I) (this hospital) ettended the deceased from 1965 to Man 1965					
that (I) (we) Just sow the deceased alive on Many (see spinion death accurred on the date					
and haur and from the causes stated above. (t) (We) (did) (aid not) view the body ofter death.					
23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED					
Slynay Attention M.D. Attending Med. Stoff Director Phys. Stoff					
23 C. PHYSICIAN'S NAME (Typel		23D. ADDRESS			
	R RUBIN M.D.	5415 PARK HEIGHTS			
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specifyl	24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)		
BURIAL 5/16/67	BNAT ISRAEL	BALTIM	IORE, MARYLAND ADDRESS		
MAY 19 1967	Report E. FarleyMA		S. INC. 6010 REIST., RD		



		4	- 1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	o the ho	any nat	); and ((e obtain
	This certificate must be a	shows: (1) An accident of was D.O.A. at a hospital	deceased prior to death); written approval must be

49° 00 1000	BALTIMORE CITY HEALTH DEPARTMENT		011 4000
BIRTH NO. 67 4860 M.E. CASE NO.	CERTIFICATE OF DEATH	Registered Na.	b/ 48bU
1. NAME OF DECEASED DOVES SU	veright ma	15, 1967	930 A. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (WA	ere deceased lived. If institut	tion: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address ar location)		outside city limits, write RURA	AL and give township)
10 38/3 Labyrenth	Road Ballin	bre	27-20
	STREET ADDRESS OF	grund, give location)	od
6. RACE 7. MARRIED, NE WIDOWED, D 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	HOW aug 4, 1910	lost birthdoy	Under 1 Yr. If Under 24 Hrs. Days Hours Min.
done-shuring most of working life, even if retired)	le neat nework, 7.	Lew Jersey	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NA	AME	
Claufin Small (15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service)	SOCIAL 17. INFORMANT	a .	ADDRESS Page
700	SECURITY NO.	Lyman - 30	8/3 Johnsenth
18. 4 4 3 X I	CAUSE OF DEATH	<del>y</del>	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	· (A) Cerebral Herr	mbago.	, how
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO	78	7
ANTECEDENT CAUSES	DUE TO	/ 5000	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	SINGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING [ 21B, PL,	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimare Cit	y, give exact location)
S OF INJURY	JURY OCCURRED 21F. HOW DID IN	IJURY OCCUR?	
(APPROX.) Work	At Work	47 m	146 000
22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	0/1	that in (my) (aur) apiniar	1967.
and hour and from the couses stated abave. (1) (1			
Shen I Graber	M.D. Attending Med. Director	Stoff Phys.	S/15/67
23C. PHYSICIANS NAME (Typ)  Sylvan D. Goldberg,	M.D. M.D. Medecil	hes Be	4
24A. BURIAL CREMATION, 248. DATE 24C. NAM	E of CEMETERY OF CREMATORY 24D.	LOCATION (City, t	of or countyl (State)
25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF		Baltimore, Mar	yland
	talkyna sol Levinson	& Bros. Inc.,	6010 Reist., Rd.
VS 150-REV. 1/1/65	4 8 6 9		

your many

Howard H. Hubbard, 4107 Wilkens Ave. 21229

vs 151-REV. 1/1/65 × 869. 21 9 6 7 0 0 0 4 8 7 0

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HILSANDER KARRAN SANDERS TSS. T. T.

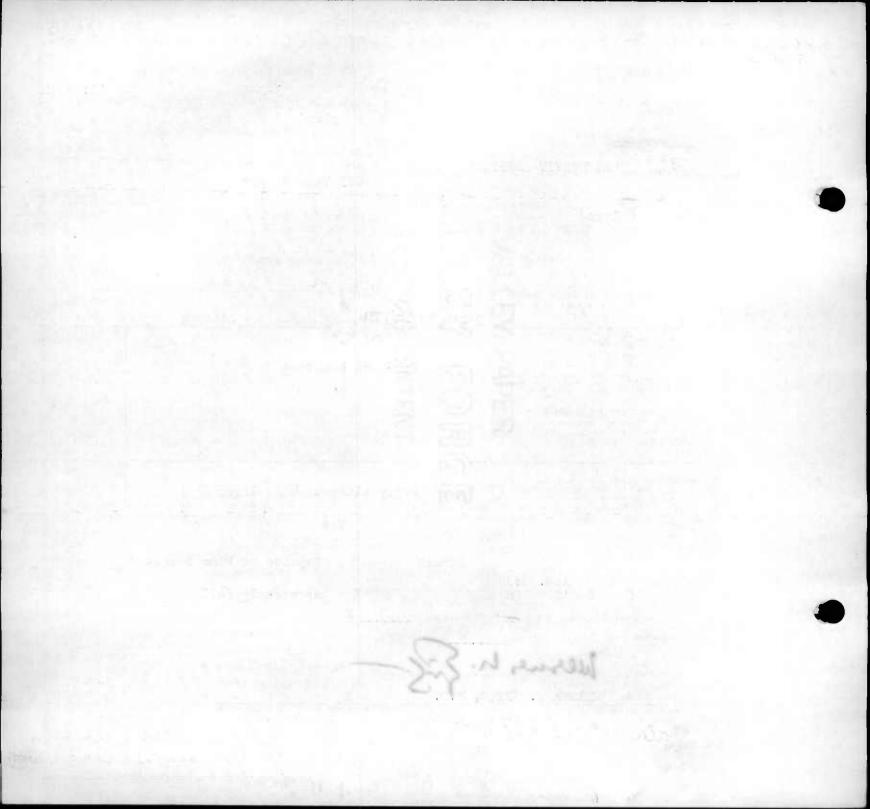
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VS 151-REV. 1/1/65

67	4862
NO	45 -7 -4

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES CLAF	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	1.52
INTERPORTED AT THE ATTENDANCE OF THE ATTENDANCE	Baltimore  D. STREET ADDRESS (If ruro), give locotion)
UNIVERSITY HOSPITAL	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	675 Vine Street  B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	lost bithdoy Months, Doys, Houis, Min.
Male Colored	Dept 11 1934 32
10A, USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote of foreign country)  12. CITIZEN OF WHAT COUNTRY?
laborer	Juch Va
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 403	2 de de maria
224-384.40	3 Mars Clare - Robert Frekling
18. E 9 3, 51 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	dural hematoma
hear foilure, ostherio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	
RISE TO THE ABOVE CAUSE IA) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FALT DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	-11
DISEASE OR CONDITION CAUSING IT.	ty alteration of liver
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  20A. AUTOPSY? IYes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21A, EXTERNAL CAUSE WAS OUNDERLYING MOR CONTRIB-  21B, PLACE OF INJURY (e.g., home, form, foctory, street,	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING XOR CONTRIB-	Fayette at Pine Street
OF INITIAL (Month) (Doy) Arren (1907) Arren (1907)	
(APPROX.) 5 0 167 DM WHILE AT NOT	WHILE Apparently fell
	utopsy X and that on this bosis, death in my opinion
resulted from: Notural couses Accident K Suici	de
ACTUAL 1.00 0 h. 5 -//	DATE SIGNED
SIGNATURE MANAGEMENT	
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.	ASSOCIATE MEDICAL EXAMINER 5-9-67
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify) 5-12-17 Snt Calon	and Cal alillo Dal
24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	124C. FUNERAL DIRECTOR ADDRESS
240, WAINE OF REGISTRAK	Partie V. Langer- M. Karro Hon Av
MAY 19 1967 ( O. R. 2 Farbert	dough ( Rin/ 2222 w youth are



+9-1/2 F1/2

	67 486	4		HEALTH DEPARTM	- V	67. 4864
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEA		
LNAME OF DI	K. De Shong			2, D	5/16/67	7:25
B. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	. COUNTY A	institution; residence before admission
FULL NAME			give street	Md.	-0.	Ridgely Oak Rd
Harriord Harriord	Gardens Nursi			Balto.	(It autside city limits, writ	e RURAL and give township)
4700 Ha	r ford Rd.			D. STREET ADDRESS		
s SEX	6. RACE	T MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs
emale	White	Marrie	DIVORCED (specify)	4/8/190	ost bighdoviYrs.	Months Doys Hours Min,
	CUPATION (Give kind of wark at warking life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e ar fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
lef. Ope		Bendix	* Friez	Hungary		U.S.A.
3. FATHER'S N				14. MOTHER'S MAID		
	e Koromi		19 / 200111		a Zoldi	ADDRESS
Yes, no or unkno	ed Ever in U. S. Armed Far wn) (If yes, give war ar date	ces: es at service)	219°28' 0548	Mr. George	f. DeShong 7	911 Ridgely oak
1B.	22.31		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	C	26-1 7	To have So	10 Days
	not meon the mode of		DUE TO	COVAN L	senemia, se	vere 10 Days
	e, osthenio, etc. It meons omplication which coused		1. 4	. 10	- 0 M /	1 5 1/11 =
	ANTECEDENT CAUSES		(B) /17 /6	rioscher	0517 /Jakke	d. 5 yrs.
	OR CONDITIONS, if					
	the obove couse (A) NG CONDITION lost.	sloting the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
OTHER SIG	NIFICANT CONDITIONS CONDEATH BUT NOT RELA	ATED TO TH		אר אואר א	EGENERATIO	4/
7	OF OPERATION 198. CON WAS PER	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 208. IF YES, WER	
U 21 A. ACCIE	ENT WAS LINDERLYING	7 216	PLACE OF INJURY (e.g., i	n or about 21 C. WHERE		nate City, give exact location)
< DEATH (no	DENT WAS UNDERLYING DEUTING CAUSE OF CAUSE OF	han etc.	ne, larm, tactory, street, a	ffice bldg., INJURY OC	CUR?	and only, give and the and the
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW (	DID INJURY OCCUR?	
OF INJURY		WE	ile At Not Whi			
22. I certi	fy that (1) (t <del>his hospite</del>	l) ottended t	he deceased fram	April	19 66 ta 1	May 16 1967
that (I) (w	a) last saw the decease	ed alive an.	May 15	19.67	and that in (my) (aur) a	plnian death accurred an the da
	and from the couses sta	ted above. (	1) (We) (did) (did not)	view the body after	death.	
23A. SIGNA	1 8	1	M.D. AII	ending Med.	Staff	23B. DATE SIGNED
23C, PHYSIC	CIANS	for	Phy	ending Med. Direck	or Phys.	5-16-67
NAME	EO DORE	E. EI	ANS M.D.		elair Rd.	BALTO 36 Md
Bullay A	REMATION, 24B. DATE Specify 5/20/6	7 Be	AME of CEMETERY of CR		Harford Co.	(City, town, or county) (State)
SA. DATE REC	MAY 19 1967	25B. NAME	of REGISTRAN	Lassahn F	IRECTOR Uneral Home 74	ADDRESS
/S 150-REV. 1/		MACH			*7 *7	

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-		BALTIMORE CITY HI	EALTH DEPARTMENT		CIT ADA	16
	BIRTH NO. 67 4865	CERTIFICATI	E OF DEATH	Registered No	67 486	))
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	-100	2. DATE AND	HOUR OF DEATH	- /	
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	Hoffman	5/18	167	18	A. M.
	S. FEACE OF BEATH IN BALLIMORE, MARIEAND	DO A	STATE B. COUNT	deceased lived. II inst	itution; residence beto	are admission)
	FULL NAME OF (If not in haspital or institution, give HOSPITAL OR address or location)		ma.	de city limits, write RU	JRAL and give towns	hin)
	INSTITUTION		Baltimore		18	203
	O Page of A H D+	D	STREET ADDRESS	al give location)		
a de	5. SEX   6. RACE   7. MARRIED, NE	VER MARRIED B.	1208 W. ()	AGE (In years	If Under 1 Yr. II	Under 24 Hrs.
E	Tourse white widowed	DIVORCED (specify)		st birthday)	If Under 1 Yr. III Months Doys Hou	rs Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	ISINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	947
disposition	Housewife at H	ome	Staunton	Va.	71.5.	A
500	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E		
dis	! Ingram		Louise !			
0	15. Was Deceased Ever in U. S. Armed Folles? (Yes, na ar unknawn) (If yes, give war ar dayes of service)	SECURITY NO.	INFORMANT	-100	A DDRESS	of -alone
fin	18, // 2 0 0 1	CAUSE OF D	r Charles	Hoffman	INTERVAL D	post
d or	DISEASE OR CONDITION DIRECTLY				ONSET AND	DEATH
E	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) arte	rioselerate,	Keert Suese	p 5 m	1
bal	heart failure, ostherio, etc. It means the disease, injury or complication which caused death,	005 10				
E	ANTECEDENT CAUSES	(B)	185000 mining gran war war was on the grant was a constant of the grant was a constant			*****************
9	DISEASES OR CONDITIONS, if ony, giving					
ns a	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		0		
mai	Z CTUST COURSE AND CONTRIBUTIONS					
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
the	19A. DATE OF OPERATION 198. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERE	D
efore	i w	ACE OF INJURY (e.g., in or	about 21 C WHERE DID		City, give exact laca	K1
befo	OR CONTRIBUTING CAUSE OF hame, etc.)	farm, factory, street, office	bldg., INJURY OCCUR?	(II III PUIIIII)e	ony, give exact laca	nan/
D	W OF INTIDA	JURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
ain	(APPROX.) While Wark	At Wark				
obt	22. I certify that (I) (this haspital) attended the	deceased from	May 19	62 10 Ma	7.18	1967.
pe	that (I) (we) lost sow the deceased alive an	may 15	77/04 19 19 19 19 19 19 19 19 19 19 19 19 19	in(my) (our) opint	an death occurred	on the date
ust	ond hour and from the couses stated above. (1) (1)	We) (did)/(did not) viev	v the bady ofter death.		23 B. DATE SIGNED	
E	Mary B. Khinker	M.D. Attendir	ng Med. S	tolf	5-18-1	7
D > C	23C. PHYSICIAN'S NAME (Type)		Director P	hys. 🗆	0 10 0	
pproval	MORRIS BISCHAEIBE	R M.D. /	179W. Am	bord & To	alternal, he	ed .2122
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)	E OF CEMETERY OF CREMA	24D. LO	CATION (City,	, tawn, ar county)	(Stote)
written	Burral 5 /22/67 M	1. Olivet	6 cm. 293	30 Drede	rick ll	re
Wri	MAY 19 1967 P.O. A. S	Fa O. u.s. (	25C. FUNERAL DIRECTOR	D C	ADDRES 991	op st
	VS 150-REV. 1/1/65	The second	Jamy On	ranjsen	93	mil.

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	67 4866	BALTIMORE CIT	Y HEALTH DEPARTMENT	
- 11	RTH NO.  .E. CASE NO.	CERTIFICA	ATE OF DEATH Registered N	la. 67 4866
1.	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
3.	Cornelia D. PLACE OF DEATH IN BALTIMORE, MARYLANI	LeGourd	May 16, 1967  4. USUAL RESIDENCE (Where deceased lived, I	15 institution: residence before odmission)
	FULL NAME OF (If not in hospital or institution)  HOSPITAL OR address or location)	tution, give street	Maryland C. CITY OR TOWN (If autside city limits, wi	ite RURAL and give township)
	Bolton Hill Nurs	ing Home	Baltimore D. STREET ADDRESS (If rural, give location)	12-01
	17		323 Wyman Park Drive	<del>-</del>
	WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)  ngle	8. DATE OF BIRTH 9. AGE (In years last birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B, KI		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
- 11 -	ne during most of working lite, even if retired)		24	WHAT COUNTRY?
	Retired Clerk B	& O. R.R.	Maryland 14. MOTHER'S MAIDEN NAME	U.S.
1	Lawrence LeGourd	11 ( 20 21 21	Sarah Small.	122000
(Y)	. Was Deceased Ever in U. 3. Armed Farces? es, no ar unknown) (If yes, give war ar dates af se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	no no	no	Fannie Foxwell.323 W	Nyman Park Drive
	18. 422 / I		DF DEATH .	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Escapelanta CAlduse	10-no.
	(This daes not mean the made of dying,	e.g., DUE TO	relized arteriorders	
	heart failure, asthenia, etc. II means the di injury or complication which caused death.	sease,		
	ANTECEDENT CAUSES	(8) Jene	religed arterioreless	ae a)
	DISEASES OR CONDITIONS, if any,	DOE 10	()	
	rise la lhe abave cause (A) slaling		V	
	UNDERLING CONDITION 1851.			
MOIT	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE		
FPTECATION	19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
10 10	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in at about 21 C. WHERE DID (If in Baltin office bldg., INJURY OCCUR?	mare City, give exact lacation)
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	21 D. TIME (Manth) (Day) (Year) (Hau	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
\$	(APPROX.)	While At Not Whi		
<u> </u>	22. I certify that (I) (this hospital) atter			110 - 110 10 107
		~ /	3 ()	ца_16, 1967.
	that (I) (wa) last saw the deceased aliv		V	apinian spath accurred on the date
	and haur and fram the causes stated abo	ave. (I) ( <del>We</del> ) (d <del>id)</del> (did nat)	view the bady after death.	V CONFE SIGNED
	23A. SIGNATURE	M.D. AI	tending Stoff	23B. DATE SIGNED  23B. DATE SIGNED
; [	of no 19 Tren	zer Ph	ys. Director Phys.	may 18,1101
	NAME (Type)	2	23D. ADDRESS	80
	MM. H. EKENZE	M.D.	1520 6.33	AC. 1
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CE		(City, tawn, ar county) (State)
25	Burial 5/20/67 DAL DATE REC'D BY HEALTH DEPT. 258. N	New Cathedral	Cemetery 01d Fred	enick Rd. Balto, Md
	MAY 19 1967 R.	Cent E. Sayley RA	Questin E. Donovan-	3818 Roland Gue
VS	150-REV. 1/1/65	7676	0 4 8 7 5	

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FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; Such written approval must be obtained before the remains are embalmed or final disposition is made.	th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased n regular attendance on the eceased prior to death. Such on is made.

-		OPY ACCOM	BALTIMORE CITY	HEALTH DEPARTMENT		CD 4005
9	M.E	H NO. 67 4867	CERTIFICA	TE OF DEATH	Registered No	07 4867
		AME OF DECEASED GOLDIE I	BLUM		lay 16 1	967 2 30 pm.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			e deseosed tived. If insti	ilution: residence before odmission)
	H	ULL NAME OF (If nat in haspital ar institution, oddress or location)  STITUTION	give street		side city limits, write RU	IRAL and give township)
	TU	nion Meneral H	2500	D. STREET ADDRESS (III	rural, give location)	reet.
B	S. S	7	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
is made		F W WIDOWA		03-22-03	last birthday!	Manths Doys Haurs Min.
		USUAL OCCUPATION (Give kind of work 10B, KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
10		Nove		PENNSYLV	ANIA	U.S
osi	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
disposition		ROBERT WEBER			TARR	
0	15. Yes	Was Deceased Ever in U. S. Armed Forces? Ina or unknown) (If yes, give wor or doles of service)	SECURITY NO.	17. INFORMANT		ADDRESS
T I		NO	170-14-5874	RECORDS (	INION ME	n Hose
01		18. 420.11	CAUSE O		INION MEI	
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Petto	ACUTE MY	OCARDIAL	ONSET AND DEATH
palmed		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			M.1	Verman
E		ANTECEDENT CAUSES	(B)	**************************************		
0 10		DISEASES OR CONDITIONS, if any, giving	502 10			
		rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C)			
0		11				
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	IN CERTIFYING CAU	
16	CER.	21A. ACCIDENT WAS LINDERLYING 1	PLACE OF INTURY (e.g. in	or about 21 C WHERE DID	(If in Milimore	City, give exact location)
ained before	CAL	21A. ACCIDENT WAS UNDERLYING 21B hom CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, af	n or obout fice bldg., INJURY OCCUR?		on, greener localities
D	D.	21D. TIME (Manth) (Day) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Ľ.	2	(APPROX) Wh	ile At Not While	e 🗀		
ptq		22. I certify that (I) (this hospital) attended t		04-07-67	19 to 01	r-16 1967.
0		that (I) (we) lost sow the deceased alive on	11	/ 3		on death occurred on the date
pe					or many, acor, opini	on death accorded on the dole
must		ond hour and from the couses stated above. (I 23A, SIGNATURE	i) (we) (did) (did not) v	lew the body offer deoth.		23B, DATE SIGNED
		3.11	M.D. Alle	ending Med.	Stoff -	05-16-67
0		23C. PHYSICIAN'S	Phy	S. Director	Phy s.	100
é		NAME (Type)			MODIAL HOO	D 1 7 4 1
approval	244	ZOLTAN ZARDANY MD	M.D.	THE UNION ME		PITAL
	<sup>24</sup> A	REMOVAL (Specify)	AME of CEMETERY of CRE			, lawn, or caunty) (State)
0		DEMOUNT 1/61 WI	NTERGREEN		ERIE PA	
Written	2SA	DATE REC'D BY HEALTH DEPT. 2SB. NAME C	OF REGISTRAR	2SC. FUNERAL DIRECTOR	0 0	ADDRESS
3	V.	MAY 19 1967 (1.0	E tarleyma.	J. L. Come	lly Lons	300 more
	- 0	1	70		20	

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IN CERTIFYING CAUSES OF DEATH? YES before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ū (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (this haspital) attended the deceased from 13 Mary 196+ that (1) (as) last saw the deceased alive on and that in (my) (www) apinlan death accurred an the date and hour and fram the causes stated above. (1) (\*\*\*) (did) (did\_net) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director approval

23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 EASTERN ALAN J. BARNES M.D. BALTIMORE CITY HOSPITALS AVENUE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, REMOVAL (Specify) 258. NAME OF HEALTH DEPT. 2SA. DATE REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 300 mg VS 150-REV, 1/1/65

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BIKIH NOVE - 72 40 3
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## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 4869

RAMA OF DECASED   2.DATE AND HOUSE PRODUNCED DIAD   3.10 PM   4.10 PM   4.		. CASE NO.				
3. FLACE IN THERESA WINDATE  3. FLACE IN THANDRE MARIHADO, WHEE FRONDUNCED DAD  FULL NAME OF ADDRESS OF LOCATION)  FULL NAME OF ADDRESS OF LOCATION OF ADD	1. P (Typ	IAME OF DECEASED				CED DEAD
FILL NAME OF HOSTIN HOSPITAL OR INSTITUTION, GIVE STREET  HOSTINAL OR  ADDRESS OR LOCATION)  LUTHERAN HOSPITAL  LUTHERAN HOSPITAL  5. SEN  6. RACE    7. MARRIED, NEVER MARRIED   8. ALT OF PRINT   7. ACE (in years)   10. John of Business of Windowsky Divocation specific limits, write RURAL and give township)  10. USUAL OCCUPATION (Sive kind of work) (3.0 RIND OF BUSINESS OR INDUSTRY)   8. ALT OF PRINT   7. ACE (in years)   10. John of Business or Industry   10. John of Business   10. John of Busin		(TERESA) THER				
HILL NAME OF MET NOT IN MOLETAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION INSTITUTION  LUTHERAN HOSPITAL  LUTHERAN HOSPITA	3. P	LACE IN BALTIMORE, MARTLAND, W	HERE PRONOUNCED DEAD			
Baltimore   D. STREET ADDRESS OR LOCATION    Baltimore   D. STREET ADDRESS (If rural, give location)   Street (If rural,	FILL	I NAME OF THE NOT IN HOSPITA	AL OR INSTITUTION GIVE STREET	Maryla	nd	
LUTHERAN HOSPITAL    Distert Address (II rure), give location	HO	SPITAL OR ADDRESS OR LOCA	(TION)	C. CITY OR TO	WN (If autside carparate limits, w	rite RURAL and give tawnship)
S. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BRITH   9. AGE In years   If Under 7 Yr, If Under 24 Hrs.   Months 1 Days   House, Min.   4   Months 2 Mont		//		Baltim	ore	13-00
S. SEK    S. RAGE   Colored   Colore	11	LUTHERAN HOSPITAL	4	D. STREET ADD	RESS (If rural, give lacation)	
Female  Colored  WIDOWED, DIVORCEO(Specify)  WIDOWED, DIVO	7	6		2 <b>0</b> 17 B	raddish Avenue	21216
Female Colored  10A. USUAL OCCUPATION(Give kind of warm 10A. RIND OF BUSINESS OR INDUSTRY 11. BRITHPLACE (Side or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S MAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ABARE FORCES?  16. SOCIAL  17. INFORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  19. CAUSE OF DEATH  10. CAU	5. <b>S</b>	EX 6. RACE		B. DATE OF BIRT	H 9. AGE (In year	s If Under 1 Yr. If Under 24 Hrs.
Cause of Death   Caus	F	emale Colored	At the state of the	Scht 1	1 10 1	Manims Days Hours Ivan,
AMOTHES NAME	-		10B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	0.11	12. CITIZEN OF
13. FATHER'S NAME				Mah	,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunhonwhill yex, give war ar dales of service)   16. SOCIAL SECURIT NO. NOWE   17. INFORMANT   18.	12 6		NONE	V MOTHERS M	AIDEN NAME	0.3,17.
18.   CAUSE OF DEATH   SECURITY NO.   NO WE   SCURITY NO.   NO W	13.1			14. MOTHER'S M	AIDEN NAME	
Yes, no or unknownfull yes, give wor ar dates of service)   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL    SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   SECURITY NO.   NO WE   DOUBS WING HTF - 2017   BRADDIS H ACTUAL   DOUBS WIN				Kutt	+ PERRY	
CAUSE OF DEATH    CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH				17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foliuse, estherin, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C).  (D).  (C).  (C).  (C).  (C).  (C).  (C).  (D).		NO		LOUVE 1	UTNEATE ZO	- BOADAY HALL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying e.g., head follow, asked the mode of dying e.g., head follow, asked mode, asked death, asked the mode of dying e.g., head follow, asked the mode of dying e.g., head follow, asked to the asked death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)		18 6/11/1/			0-110112 - 7101	
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This does not mean the mode of dying e.g., heart follow, asthema, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AL) STATING THE  UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED  YES  21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UNING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimage City, give exact lacepting) heart, form, factory, sheet, office bidge, in NUTY occur? Barrish Street - 192 ft.  Street  North of Walbrook Avenue  21C. WHERE DID (If in Boltimage City, give exact lacepting) heart, form, factory, sheet, office bidge, in Orth of Walbrook Avenue  22L I certify that I held an Inquiry Inspection Auwork Art Work Pedestrian strack by auto  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  AND				d a a a wa h wa	1 injunios	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (C).  Ves  ZIA. EXTERNAL CAUSE WAS UNDERLYING CONDITION CAUSING IT.  ACTUAL  (B).  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  PAGE  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  STREET  NOTH OF DEATH SURVEY FINDINGS CONSIDERED  AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED  IN CERTIFFYING CAUSES OF DEATH.  PAGE  TO THE DEATH SURVEY FINDINGS CONSIDERED  TO THE BOILGANT SURVEY FINDINGS CONSIDERED  TO THE SIGNING SURVEY F			(A) OLGI	locerebra	1 injuries	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   Yes   No CERTIFYING CAUSES OF DEATH?    21A. EXTERNAL CAUSE WAS   12B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimage City, give exact laception)   home, form, factory, street, office bidg, INJURY OCCUR?   Barrish Street - 192 ft.     19B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimage City, give exact laception)   home, form, factory, street, office bidg, INJURY OCCUR?   Barrish Street - 192 ft.     19B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimage City, give exact laception)   home, form, factory, street, office bidg, INJURY OCCUR?   Barrish Street - 192 ft.     21D TIME (Manth) (Day) (Year) 61-95   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?     21D TIME (Manth) (Day) (Year) 61-95   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?     22.		heart failure, asthenia, etc. It means injury ar complication which caused (	the disease, death.)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  VES VES VES VES VES VES VES VES VES VE						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  YES  21A. EXTERNAL CAUSE WAS UNDERLYING TO COUTRIB- COUNTIBE- CONSIDERED WAS PERFORMED  19B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Barrish Street - 192 ft. Street  21D TIME (Manth) (Day) (Year) 614-915 21E. INJURY OCCUR? Barrish Street - 192 ft. While CAUSE OF DEATH.  21D TIME (Manth) (Day) (Year) 614-915 21E. INJURY OCCURRED OF INJURY OCCUR? Barrish Street - 192 ft. WHILE AT WORK AT WORK Pedestrian strack by auto  22.  1 certify that I held an Inquiry Inspection Autopsy At and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL  ACTUAL  ACTUAL  DATE SIGNED			(B)			
Columbia						
Yes						
Yes	Ö		(C)			
Yes	F		CONTRIBUTING			
Yes	0					
Yes	E			*******************************		
Yes	SE			20 A. AUTOPSY		
OF INJURY  (APPROX.)  5 16 67 PM m. WORK  NOT WHILE X Pedestrian strack by auto  22.  I certify that I held an Inquiry Inspection Accident X Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  ACTUAL  ACTUAL  DATE SIGNED		2			Yes	
OF INJURY  (APPROX.)  5 16 67 PM m. WORK  NOT WHILE AT NOT WHILE X Pedestrian strack by auto  22.  I certify that I held an Inquiry Inspection Accident X Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  DATE SIGNED	S	UNDERLYING CONTRIB-	hame, farm, factory, street, a	in ar about 21C. \ office bldg, INJUR	WHERE DID (If in Boltimage City, YOCCUR? Barrish St	reet - 192 ft.
OF INJURY  (APPROX.)  5 16 67 PM m. WORK  NOT WHILE X Pedestrian strack by auto  22.  1 certify that I held an Inquiry Inspection Accident X Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER X  ACTUAL  ACTUAL  DATE SIGNED	5	UTING CAUSE OF DEATH.	etc.)			^ /
1 certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER ACTUAL  ACTUAL  ACTUAL  DATE SIGNED	Σ	21D TIME (Manth) (Day) (Year				ende /
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ACTUAL CHIEF MEDICAL EXAMINER X DATE SIGNED			nquiry Inspection Au	rapsy X on	d that an this basis, death in	my apinian
ACTUAL CHIEF MEDICAL EXAMINER X DATE SIGNED		resulted fram: Natural cas	uses Accident X Suicld	e Hamic	ide Undetermined mar	nner
ACTUAL ACSISTANT MEDICAL EVAMINED						
		ACTUAL ///	Na /			DATE SIGNED
		SIGNATURE	M.D.	•		E 17 67
EXAMINER'S DISCRIT C RICHED M.D. ASSOCIATE MEDICAL EXAMINER 5-17-67		DIICOTT	C ETCHED M D	ASSOCIATE A	MEDICAL EXAMINER	3-1/-0/
NAME (Type) RUSSELL S. FISHER, M.D.					lean to a second	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)			23C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (C	ity, tawn, ar caunty) (State)
Bund 5/26/67 defrete nem. RK /Safte, Ull.	1	Bringl 5/21	167 dolate	Men. K	K /Salte	ud.
24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR   ADDRESS	244	. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR	ADDRESS
MAY 19 1967 Robert E. Farbuna Um. O. Chatwan 1-1701712 Callotes		MAY 19 1967	Robert E, Farbuna	Upor. U		70171 Calloh St
VS 151-REV. 1/1/65 N 856129 5 7 0 0 0 4 8 7 8	VS	151-REV. 1/1/65 N 8 5 6	129 6 7 0 0	0 4 8	7 0	V

( Commercial) ARREST DIRECTOR SEPT. 16. 1803 NOWE NOW PRO. Louis Hawkeness River Parkey NONE CONTRACTOR DOTT PORTON Buch Speles delate Hamsh Sala led Land Chalman 1-1200 mit dieles

10- 51	1	67	4870	BALTIMORE CIT	Y HEALTH DEPARTMENT	V	CH ADRIG
W-9 6	1	BIRTH NO.	2070	CERTIFICA	ATE OF DEATH	Registered Na	07 4870
fal and facetheceased	Such	M.E. CASE NO.  1. NAME OF DECEASED.				AND HOUR OF DEATH	7
T 4) C	Š	(Type or Print) M (	ORVIA 10	slie		5-11/1	7 333
	Ė	3. PLACE OF DEATH IN	BALTIMORE MARYLAND	34/0	4. USUAL RESIDENCE (W	here deceased tived. If inst	tution; residence before admission)
spi O O	0		·		A. STATE B. CO	2 m / / d m	
hos Jse (5)	Ď	HOSPITAL OR	f not in hospital or institut ddress or location)	ion, give street	C. CITY OR TOWN	outside city limits, write RU	RAL ond give township)
n a h cau use; tend	0	INSTITUTION			C. CHI OK TOWN	outside thy mins, whe ko	KAL ONG GIVE TOWNSHIP
in a ng cau cause; attend	54	Wapth CH	PARLES Gei	NIRRAI HER	D. STREET ADDRESS	(If rural, give location)	000
₩ .= _		ALON IN CO.	MACO CE	VCNAZ /109/11	3508 F	CLAPPA M	1 # 212 34
bu	0	5. SEX   6. RAC	7. MARE	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
th occurre	ased s ma	MALE CI	911C WIDO	OWED, DIVORCED (specify)	1-22-95	lost birthdayi	Months Days Hours Min.
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or c ndet	00	done during most of working l	ife, even if retired)	able oil AN	1/1/	,	WHAT COUNTRY?
a C G	D itis	13. FATHERS NAME	Ket 1	NING COMPAN	14. MOTHER'S MAIDEN I	I A AAF	UNITED STATES
# ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	the dec	To- 11	11 m a	111-	mandr		
N Fib th		TRANK	K. MIC COK	PKLE	11/1/KY L	), DAVIS	
	0 =	15. Was Deceased Ever in (Yes, no or unknown) (If yes,	give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	, , 0	ADDRESS
ORTA assiste if the ny king	final	No		215-07-2277.	A NORYD (1)	ARLES GENE	RAL HOSPIYAL
s as	무	1B.	X 260 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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IM or h Also	att me		NG TO DEATH  n the mode of dying,	e.g., DUE TO	terros clerota	c (Lay Justa	A Shi
5.50	- B	heort foilure, ostheni	a, etc. It meons the dise		cute myora	acod mas	recent
Oning	u la		n which caused deoth.)	(B)			
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	s ir	UNDERLYING CON	DITION last.	110 HH H 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	///		
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AL D medic edica burns,	ın was remain	2 TO THE DEATH	BUT NOT RELATED TO		les Melli	lus	6 yn.
	.0 6	DISEASE OR CONDITION TO THE PROPERTY OF THE PR		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	N. N. cob. in	NDINGS CONSIDERED
Chief or many a	ysic e th	19A. DATE OF OPERA	WAS PERFORMED		Voc	IN CERTIFYING CAUS	SES OF DEATH?
5) by	ore	OR CONTRIBUTING	UNDERLYING	21B. PLACE OF INJURY (e.g.	in or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
± = 0 0		▼ DEATH (notify medico)	examine)	home, lorm, factory, street,	office bldg., INJURY OCCUR		
b pitch		O 21 D. TIME (Month	) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ed b nosp atur	d (6) I	OF INJURY		While At Not W			
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d + b	0 0	, , , , , , , , , , , , , , , , , , ,	(this haspital) attend	P .	17 11-7	1967 to M	
B 0	h);	ΙΛ,	aw the deceased alive	1			an death accurred an the date
₩ TO . +	eath) ust b	1/	the causes stated abav	e. (1) (We) (dld) (dld nat)	view the bady after deat		
nust b lease ident hospi	deat	23A. SIGNATURE	Meio da		ttending Med.	Staff -	3B, DATE SIGNED
5-5-5		Thelde	n Journay	ell M.D. A	hys. Director	Phy s.	1124911,1101
	0 0	NAME (Type)			23D. ADDRESS	/ Olm 6	
V Ar A	d prior to	11K. 31	eldon Go	LOGGIER M.I	848 W. 36	th. Street	#2/2/8
certificate body was r vs: (1) An a D.O.A. at	Pa	24A. BURIAL CREMATION REMOVAL (Specify)	I, 24B. DATE 24	C.NAME of CEMETERY of C	REMATORY 24D	LOCATION (City	town, or county) (State)
This certi the body shows: (1 was D.O.	deceased written a	Burial	5-21-1967	Parkwood Cemet	erv	altimore,//	Md.
This certhe boc shows: was D.	ritt	25A. DATE REC'D BY WEA		ME OF REGISTRAR	25C. FUNERAL DIRECT	(P) 1011	ADDRESS DI
サキジョ	₹ 0	HIA)	TO 1901 (100	est E. taskeyMa	Xappalu	JUNKHANS	1401 May 19,
		VS 150-REV. 1/1/65	1 9	6700	0 4 8 7	9	

Section 30 Jan 1997

freely the region will provide the Selena France Williams Printed Total

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.7. 4872

ME CASE NO	MILD	CALLA	MAINALK 3 C	LKIIIICA	IL OI DLAITING	Jisiered No.
M.E. CASE NO.	*FASED				2. DATE AND HOUR PRONO	IINCED DEAD
(Type or Print)	Lin	wood		14	5,14,67	830 Am
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. I	If institution: residence bolore admission COUNTY
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		THON, GIVE STREET	C. CITY OR TOV	1 /	write RURAL and give township
37	Mercy t	tospi	tal	D. STREET ADD	RESS (If rurol, give location) Ol-Chat	d Street
5. SEX	6. RACE	7. MARRIED, WIDOWED, I	NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRT	9. AGE (In y lost birthday)	Months Doys Hours Min.
Dish Was	working life, even if retired)	Hote	BUSINESS OR INDUSTRY	Weldon	North Carolina	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAN				Virgin		
5. WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	Ta oacitoon	ADDRESS
no or unknown	(II yes, give wor or dote	s of service)	230-16-9310	Mrs Cat	herine Newton 32	23 E Lafayette A.e
18. F	782 X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DI		-	to both	1 1 11	-
(This does r	LEADING TO DEATH not meen the mode of	dying, e.g.,	(A) DUE TO	nas w	been 1 of 1	earl
	, osthenio, etc. It meons mplication which coused				Y	
A	ANTECEDENT CAUSES					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	** - * * • • • • • • • • • • • • • • • •		
UNDERLYIN	NG CONDITION LAST.		(C)			
<u> </u>	ll l	_	\\/\			
O THE	NIFICANT CONDITIONS DEATH BUT NOT REF	ATED TO T				
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O UNDERLYING 5	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home, etc.)	PLACE OF INJURY (e.g., form, loctory, street, c	in or obout 11C. V	VHERE DID (II in Boltimore Ci OCCUR? LOND BAL	TIMORE HOTEL
21 D TIME	(Month) (Doy) (Year		IE. INJURY OCCURRED	21 F. H.C	W DID INJURY OCCUR?	,
(APPROX.)	5/14/6-	7-Am. W	HILE AT NOT	WHILE S	-abbed durin	ig altercation
22.	tify that I held on I	nquiry 🗌	Inspection Aut	ropsy one	d that on this bosts, death	In my opinion
resul	ted from: Notural cou	ses A	ccident Suicid			ionner
ACTUAL		4. 3	M.D.	ACCICTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMIN NAME (	IER'S	- LI,	SpiT2	•	EDICAL EXAMINER	5,14.67
23A, BURIAL CREATER CONTRACTOR CO		230	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
Burial	5/22/6	7	Mt Calvary C	emetry	A A Count	v Md
4A, DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		AL DIRECTOR	ADDRESS
	MAY 10 1067	00	R. Q. Fr. Dunas	Adolph	us Halstead 1200	5 W North Ave

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUD OF DEATH (Type or Print) 6 M. BALTIMORE, MARYLAND 3. PLACE OF DEATH USUAL RESIDENCE (Where lived. Il institution: residence before odmission) B. COUNTY MARYLAND (If not in hospital or institution, give sheet FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write PMRAL and give township INSTITUTION BALTIMORE THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If jurol, give location) ORLEANS ST. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Hours lost bighdoy NEGROID MALE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) Laundry WHAT COUNTRY? U.S.A Clothes Sorter Md. Hospital Washington .D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARK STOKES Johnson Ola 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Mrs. Jean Stokes-1143 Orleans Street 11/52-18/10 8-42-0762 18. CAUSE OF DEATH INTERVAL BETWEEN ONSEL AND DEATH DISEASE OR CONDITION DIRECTLY Cardiac Arrest LEADING TO DEATH (This does not mean the made of dying, e.g., Possible Cardismyopathy 2 mo Pulmonary Infiltrates Acute Renal Failure heart foilure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION Iosi. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ú 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION CERTIFI WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? City, give exact location) OR CONTRIBUTING CAUSE OF AL DEATH (notily medical examiner) etc.) MEDIC. 21 D. TIME (Hous) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that 🎒 (this haspital) attended the deceased from that 🌆 (we) last saw the deceased alive an. ond that in (aur) apinian death accurred an the date and hour ond fram the couses stated abave. (# (We) (did) (# view the body ofter death. 23 B. DATE SIGNED Attending M.D. Med. Stoff Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS HOSPITAL JOHNS HOPKINS M.D 24A. BURIAL CREMATION. 24C. NAME & CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) 5/19/67 Baltimore National Cem. Baltimore Maryland 9 1967 C 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Funeral Hon e 3035 W. North Ave. VS 150-REV, 1/1/65

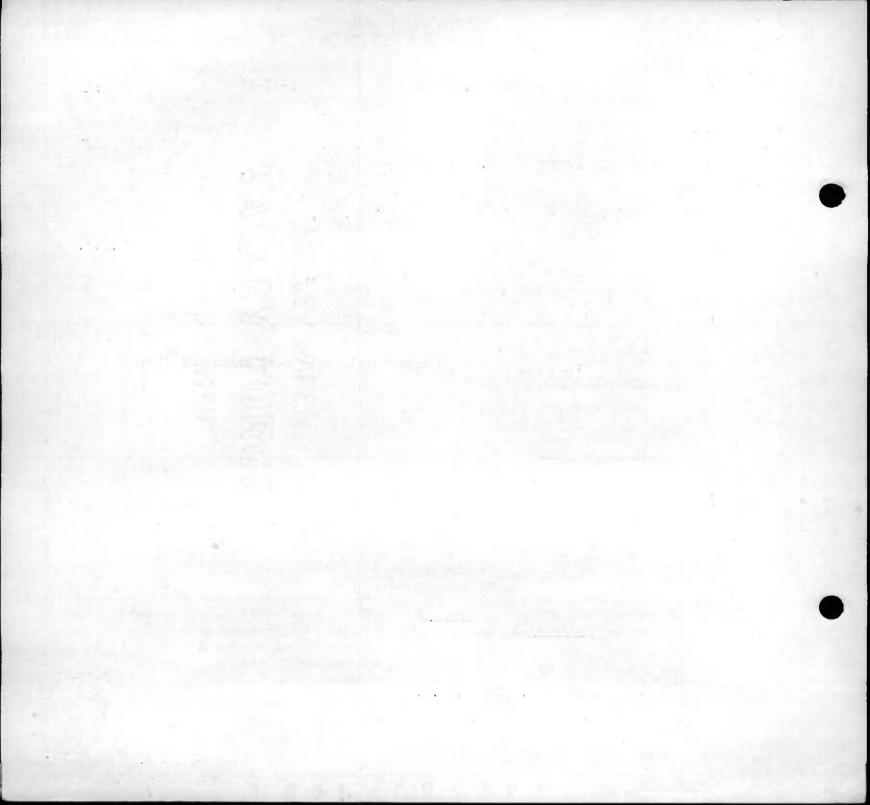
KIND H. STORES

Cardiac Arrest Mr. Pessible Cardianyopathy 2110 Pelmonary Infiltrates Acute Renal Failer

SW. Spaulding

£361/31/5

BEATRICE I. JAMES  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission in the spiral or institution in the spiral or institution, give street address or location)  1840 DRUID HILL AVENUE - Amb. Crew #4  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr.)  8 : 15 AM Maryland  C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  1840 Druid Hill Avenue 21217  S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hr.)	1. N	AME OF DE	ECEASED				2. DATE AND HOUR PRONOL	UNCED DEAD
SAME							5-17-67	
ADDRESS OR LOCATION)  1840 DRUID HILL AVENUE - Amb. Crew #4  1840 DRUID HILL AVENUE - Amb. Crew HIL	3. Pt	ACE IN BAL	LTIMORE, MARYLANI	O, WHERE PRONG	DUNCED DEAD	A. STATE	8.	f institution: residence before admission COUNTY
1840 DRUID HILL AVENUE - Amb. Crew #4  1840 DRUID HILL AVENUE - Amb. Crew #4  1840 DRUID HILL AVENUE 21217  3.527  3.527  3.528  3. FACE	HOS	SPITAL OR		SPITAL OR INSTI OCATION)	TUTION, GIVE STREET	C. CITY OF TOV	WN (If autside carparate limits,	write RURAL and give township)
S. SET    C. BACE   Move Marked   Move Marke	1	.840 DRI	UID HILL AV	ENUE - Am	b. Crew #4	D. STREET ADDI	RESS (If rural, give location)	21217
IOA_USUAL_OCCUPATION Give kind of worth old. WIND OF BUSINESS OR INDUSTRY     IOA more deading most of youthing list, even if reliefed   Home				WIDO WED,	DIVORCED (specify)	B. DATE OF BIRT	9. AGE (In ye	
HOUSEWIFE HOME  To pather NAME  Clayton Planter  13. MATE DECASED EVER IN U.S. ARMD FORCES?  Ives, no grunknown] off yes, give wer or doles of service)  16. SOCIAL  Tres, no grunknown] off yes, give wer or doles of service)  17. INFORMANT  ADDRESS  Kenneth James-4001 Bereva Road  INTERVAL SETURITY NO.  INTERVAL SETURITY NO.  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean. The mode of dying, e.g., injury or complication which coused death, services, injury or complication which coused death, services, injury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  EVEN AL DATE OF OPERATION 108. CONDITION FOR WHICH OPERATION 109. AUTOPSY? (Ves. or. No.) 208. IF YES, WERE FINDING CONSIDERED NOT CAUSES OF DEATH?  21.A. EXTERNAL CAUSE WAS 109. PERFORMED 109. IN CERTIFINING CAUSES OF DEATH?  22.A. DATE OF OPERATION 109. (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (e.g., in or obout 21C. WHERE DID 16 if in Boltimore City, give exact locotion) 100 in CERTIFINING CAUSES OF DEATH?  22.A. DITTING (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (e.g., in or obout 21C. WHERE DID 16 if in Boltimore City, give exact locotion) 100 in CERTIFINING CAUSES OF DEATH?  22.A. TURL 109. AND 109. AUTOPSY 109. Ond that on this basis, death in my opinion 109. CHIEF MEDICAL EXAMINER 109. AND 109. AUTOPSY	10A.	USUAL OCC	CUPATION (Give kind o	f work TOB. KIND				
Clayton Planter  15. WAS DECEASED EVER IN U.S. AEMED FORCES?  17. INFORMANT  18.		Housew	rife	Home	2			
1.5. WAS DECEASED EVER IN U.S. ARMED FORCES?   1.6. SOCIAL   1.5. CAUSE OF DEATH   1.5	13. F							
Yes, no a runknown, lif yes, give wor at dales of service)   SECURITY NO.	15. V			MED FORCES?	16. SOCIAL		et bruce	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not menon, the mode of dying, e.g., head flowing, someon, the mode of dying, e.g., ANTECEDENT, CAUSES  ANTECEDENT, CAUSES  ANTECEDENT, CAUSES  BUSEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  WAS PERFORMED  21A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) inductiving CAUSE of DEATH.  21D. TIME OF INJURY OCCUR?  OF INJURY OCCUR?  WHILE AT NOT, WHILE  AT WORK  AT WORK  ACTUAL  SIGNATURE  EXAMINER'S  NAME (Type)  RUSSELL S. FISHER, M.D.  22A. RUBIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCATION (City, town, or county) (Stotel)  ROSAL STATES AND COUNTY OF CREMATORY  23D. LOCATION (City, town, or county) (Stotel)							The Malitan and	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not nown the mode of dying, e.g., in or obout 12 c. Where DID  NO  THE SIGNIFICANT CONDITION CONTRIBUTING TO THE ABOVE CAUSICAL AUSINO THE  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  20A. AUTOPSY? (Yes or No! 29B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH.  NO  NO  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OF INJURY OCCUR?  NO  CONTRIBUTION  CONTRIBUT	- 1	10					James-4001 Ber	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, farm, foctory, street, office bldg. INJURY OCCUR?  21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  221D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED ON THE OF INJURY OCCUR?  222. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted fram: Natural Causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-17-67  ASSOCIATE MEDICAL EXAMINER (17)Pe) RUSSELL S. FISHER, M.D.  23A. BURIAL (SREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)	11 1		ANTECEDENT CA	USES				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- INDURY OCCUR?  WHILE AT NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  AT WORK  22.  I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion  resulted fram: Natural causes X Accident Suicide Hamlaide Undetermined manner  CHIEF MEDICAL EXAMINER X  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. FISHER, M.D.  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCATION (City, town, or county) (State)	S	DISEASES RISE TO TH UNDERLYI	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.)  II  GNIFICANT CONDITI	IF ANY, GIVING A) STATING THE AST.	(C)			
21D TIME OF INJURY (APPROX.)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCU	ERTIFICA	OTHER SIG	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  II  GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAU OF OPERATION [198.	IF ANY, GIVING A) STATING THE AST.  ONS CONTRIBUT I RELATED TO SING IT.	(C)	20A. AUTOPSY		
Certify that I held on Inquiry   Inspection   Autopsy   ond that on this basis, death in my opinion resulted fram: Notural causes   Accident   Suicide   Hamicide   Undetermined manner	CAL CERTIFICA	OTHER SIGN THE CONTROL OF THE CONTRO	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  BUT NOT CONDITION CAU DEATH BUT NOT CONDITION CAU DEF OPERATION 198. WAS AL CAUSE WAS	IF ANY, GIVING AN STATING THE AST.  ONS CONTRIBUT FRELATED TO ISING IT.  CONDITION FOR PERFORMED  218  218	(C)  TING THE  WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, farm, foctory, street, or far	No in ar about 21C. V	IN CERTIFYING C	CAUSES OF DEATH?
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. FISHER, M.D.  23A. BURIAL CREMATION, REMOVAL (Specify)  23C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  CHIEF MEDICAL EXAMINER SOLUTION  ASSISTANT MEDICAL EXAMINER SOLUTION  5-17-67  City, town, of county)  (State)	MEDICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHE DISEASE COLORAL EXTERNAL UNDERLYING CALL COLORAL COLORAD	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  BI GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAU OF OPERATION PS AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	IF ANY, GIVING AN STATING THE AST.  ONS CONTRIBUT TRELATED TO SING IT.  CONDITION FOR PERFORMED  21B honetc.  (Year) (Hour)	(C)  TING THE  WHICH OPERATION  PLACE OF INJURY (e.g., nee, farm, foctory, street, nee, farm, nee, farm, foctory, street, nee, farm,	in ar about 21C. Voffice bldg. INJURY	VHERE DID (If in Baltimore City OCCUR?	CAUSES OF DEATH?
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 5-17-67  EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)	MEDICAL CERTIFICA	OTHER SICT TO THE SICT TO THE SICT TO THE DISEASE CO. 19A. DATE OUTING CALL CALL CALL CALL CALL CALL CALL CAL	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  BONIFICANT CONDITION DEATH BUT NO OR CONDITION CAU OF OPERATION 198. WAS AL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Manth) (Doy)	IF ANY, GIVING AN STATING THE AST.  ONS CONTRIBUT FRELATED TO SING IT.  CONDITION FOR PERFORMED  218 honer.  (Year) (Hour)	(C)  TING THE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ne., farm, foctory, street, or company)  21E. INJURY OCCURRED  WHILE AT NOT NOT NOT	No in ar about 21C. V office bldg. INJURY 21F. H ORK	IN CERTIFYING COVHERE DID (If in Baltimore City OCCUR?	CAUSES OF DEATH?
NAME (Type) RUSSELL S. FISHER, M.D.  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)	MEDICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHE DISEASE COMPA, DATE OF CALL OF INJURY (APPROX.)	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  BONIFICANT CONDITION DEATH BUT NOT OR CONDITION CAU OF OPERATION WAS AL CAUSE WAS OF CONTRIB- USE OF DEATH.  (Manth) (Doy)	IF ANY, GIVING AN STATING THE AST.  ONS CONTRIBUT I RELATED TO SING IT.  CONDITION FOR PERFORMED  218 honelec.  (Year) (Hour)	(C)	NO in ar about 21C. V office bldg., INJURY 21F. H OVORK  while	IN CERTIFYING COURT (If in Baltimore City OCCUR?)  DW DID INJURY OCCUR?	in my opinion
23A, BURIAL CREMATION, 23B DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)	MEDICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF THE DISEASE OF	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAU OF OPERATION WAS  AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Manth) (Doy)  Attify that I held on Jited fram: Noturo	IF ANY, GIVING AN STATING THE AST.  ONS CONTRIBUT I RELATED TO SING IT.  CONDITION FOR PERFORMED  218 honelec.  (Year) (Hour)	(C)	NO in ar about 21C. V office bldg. INJURY  21F. H  WHILE Topsy one CHIEF M ASSISTANT M	OW DID INJURY OCCUR?  d that on this basis, death de Undetermined m EDICAL EXAMINER	in my opinion DATE SIGNED
	MEDICAL CERTIFICA	OTHER SICT TO THE DISEASE CONTROL TO THE DISE	OR CONDITIONS, HE ABOVE CAUSE ( ING CONDITION L.  BONIFICANT CONDITION DEATH BUT NOT OR CONDITION CAU OF OPERATION 19R WAS AL CAUSE WAS CONTRIB- USE OF DEATH.  (Manth) (Doy)  OR CONTRIB- USE OF DEATH.  (Manth) (Doy)	ONS CONTRIBUT ON	(C)	NO in ar about 21C. V office bldg. INJURY  21F. H  WHILE Topsy one CHIEF M ASSISTANT M	OW DID INJURY OCCUR?  d that on this basis, death de Undetermined m EDICAL EXAMINER	in my opinion DATE SIGNED



The Suppose a contenta made

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THE SE DESIGNATION PRINTS

BIRTH NO.67	48/0 ME	DICAL EXAMINER'S	CERTIFICATE OF	DEATH Registe	ered No. 40/0						
M.E. CASE NO.											
1. NAME OF DI	ECEASED		2. DATE AND HOUR PRONOUNCED DEAD								
, p. 01	ROBER	T CARPENT		y 15, 1967	3:45 A N						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where	deceased lived. If inst	itutian: residence before admissio						
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Lutheran Hospital			Maryland  c. CITY OR TOWN (If autside corporate limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give locostan)  1723 Ashburton Street								
						5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
						Male	Negro	Married	Feb 28, 1887	lost birthdoys	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work loss. KIND OF BUSINESS OR INDUSTIon of working life, even if refired) Ret—Custodian Emmanuel Church			RY 11. BIRTHPLACE (Stote or foreign country)  Calvert Co. Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.								
3. FATHER'S NA		1		14. MOTHER'S MAIDEN NAME							
Augus	ta Carpente	ייר	Elizabeth								
S. WAS DECEAS	SED EVER IN U.S. ARN	ED FORCES? 16. SOCIAL	17. INFORMANT								
(Yes, na arunknawn) (If yes, give war or dotes of service) SECURITY NO.				Sadie Carpenter -1723 Ashburton Street							
		217-01-1496	Sadie Carpente	er -1723 Ash	burton Street						
DISEASES RISE TO T	ANTECEDENT CAUS HE ABOVE CAUSE (I Me amplication which caused ANTECEDENT CAUSE (A) (I Me amplication which caused to a me amplication which caused to a me amplication with the above cause (A) (ING CONDITION LA)	SES F ANY, GIVING DUE TO		2							
	CONDITION LA	(C)	***************************************								
2	11										
O THE	GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUS	RELATED TO THE									
O		ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes ar Na	10 DERTIFYING CAU							
O UTING CA	AL CAUSE WAS COR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g home, form, factory, street, etc.) Home		urton Street							
21 D TIME OF INJURY (APPROX.)		67 A m. WHILE AT NOT AT	T WHILE X House								
22.	ertify that I held an			nis basis, death In n	ny opinian						
	ulted fram: Natural			Undetermined manne							
ACTU		17-	CHIEF MEDICAL E	XAMINER [	DATE SIGNED						

SIGNATURE. EXAMINER'S NAME (Type)

Charles S. Petty 23C. NAME of CEMETERY or CREMATORY

ASSOCIATE MEDICAL EXAMINER

5/15/67

23D. LOCATION (City, tawn, or county)

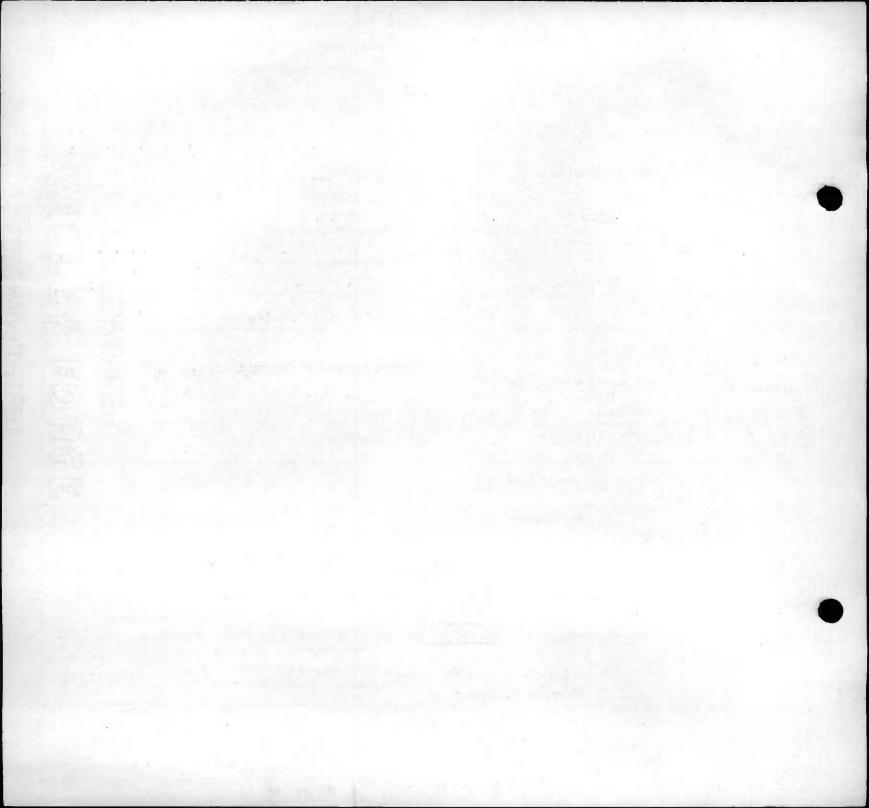
23A. BURIAL CREMATION, REMOVAL (Specify)
Burial 5/20 MAY 19 1967

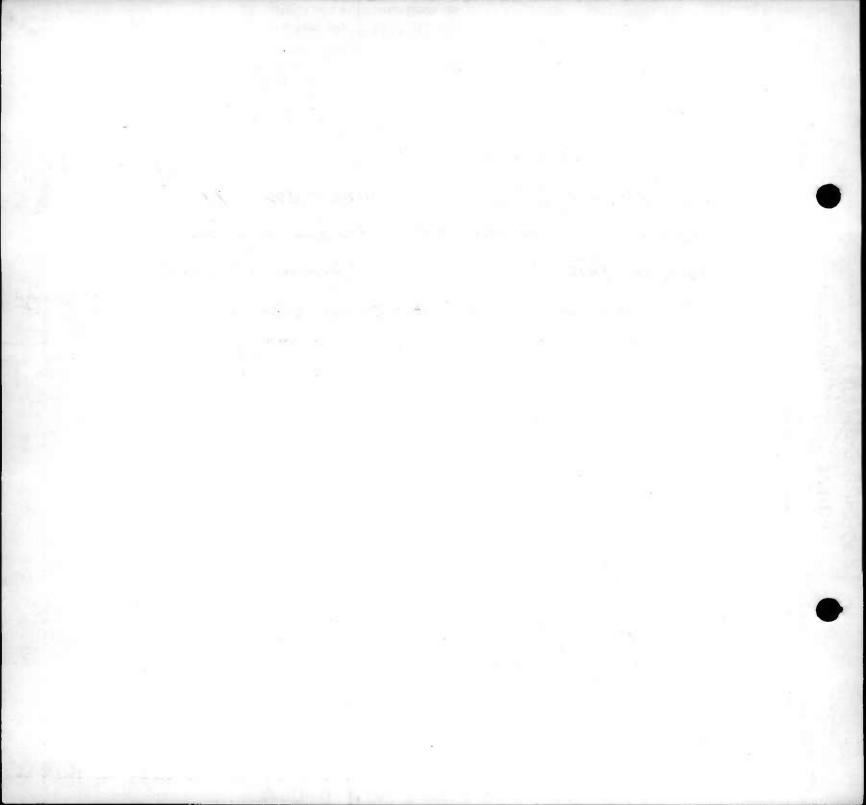
5/20/67 Saint John Cemetery 24B. NAME OF REGISTRAR E. Sarber MA

24C. FUNERAL DIRECTOR

Nutter Funeral Home -3035 W. North Ave

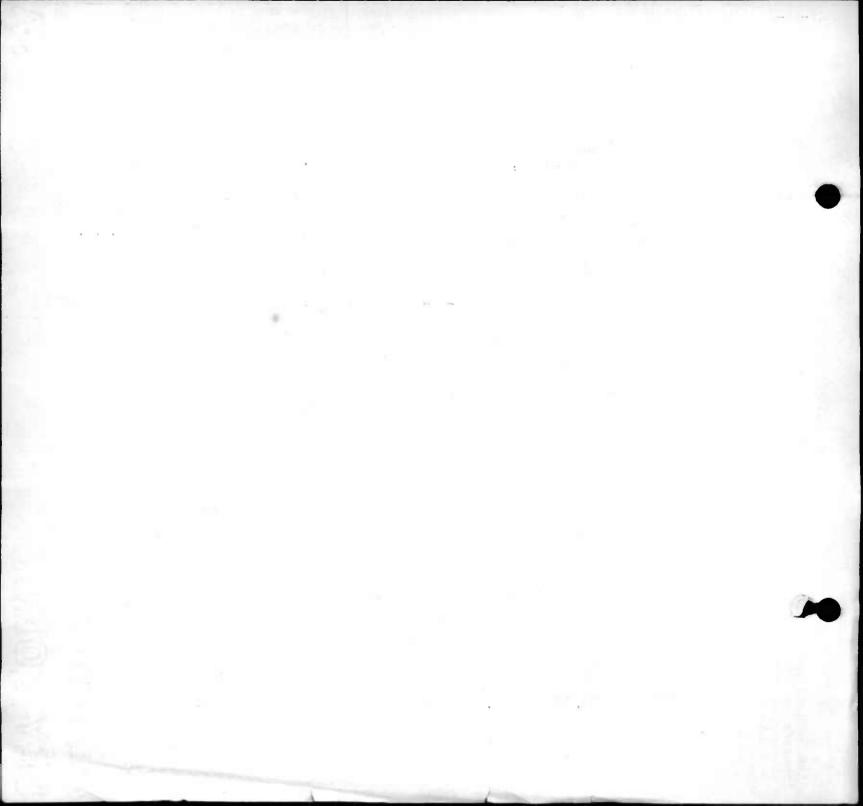
Calvert Co. Maryland





T	5-26 67 5070	BALTIMORE CITY	HEALTH DEPARTMENT	67 4878				
1	BIRTH NO. CERTIFICATE OF DEATH Registered No. 4070							
1/	E. CASE NO.							
(	Type or Print) INI; IL 3 10 Rock	1.10	2. DATE AND HOUR OF DEATH					
3	3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before edmission)					
			A. STATE B. COUNTY	smortan, lesidence beidle edikssien,				
1	FULL NAME OF (If not in hespital or institut	ion, give street	MARYLAND					
	HOSPITAL OR eddress or lecetion)	OC TO THE A.T. CO						
	BALTIMORE CITY HO		BALT IMORE					
	3 4940 EASTERN AVEN		D. STREET ADDRESS (If turol, give location)					
	BALTIMORE 21224,	MARYLAND	1202 N. WOLFE STREET #21213					
5	LAND C	RIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers If Under 1 Yr. If Under 24 Hrs. Months; Deys Hours; Min.					
	7 /		4-8-95 lest though Months Deys Hours Min.					
	IOA, USUAL OCCUPATION (Give kind of work 108, KIN) dene during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Cotinal Stonedon		VIRGINIA	U.S.A.				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	JOHN BOOKER		LAURA BOND					
1	5. Was Deceased Ever in U. S. Armed Ferces? (Yes,ne arunknewn) (If yes, give wer er detes af serv	1 6. SOCIAL	17. INFORMANT	ADDRESS				
	no	217-03-1345	RECORDS: BCH 4940 EASTERN	AVENUE #21224				
	18.	CAUSE O	F DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH				
	LEADING TO DEATH	(A) Ad	eno carenoma () Color	6 mo.				
	(This daes not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,							
Ш	injury or complication which coused deoth.)							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if ony, gi	ving						
	rise to the obove couse (A) sloting UNDERLYING CONDITION last.	the (C)						
	11							
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	INDINGS CONSIDERED							
	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		YES THE CAU	JSES OF DEATH?				
	O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in er ebout 21C. WHERE DID home, ferm, fectery, street, effice bldg., INJURY OCCUR?		City, give exect lecetien)				
	DEATH (netify medical examinar)	efc.)	nice blug, myoki occok:					
	21D. TIME (Menth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	S (APPROX.)	While At Net While At Werk						
		11						
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive							
Ш	nian death accurred on the date							
		d haur and fram the causes stated abave (I) (We) (did) (did nat) view the bady after death.						
	23A. SIGNATURE		23 B. DATE SIGNED					
	William a. Znerson	M.D. Atte	s.   Med. Steff Phys. 4	5/15/67				
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	#21224				
.	DR. WILLIAM	A. EMERSON M.D.	BALTIMORE CITY HOSPITALS 4	940 EASTERN AVENUE				
1	24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME ef CEMETERY er CRI	EMATORY 24D. LOCATION (Cit	ly, tawn, er ceunty) (State)				

Madress 29 n. Cushar FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH 25B. NAME OF VS 150-REV. 1/1/65



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VS 150-REV. 1/1/65

BY HEALTH DENT.

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shows: Was

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 15 Man 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write ALRAL and give township INSTITUTION BALTIMORE BALTIMORE CITY HOSPITALS D. STREET ADDRESS (If rurol, give location) 4940 EASTERN AVENUE #21213 2626 E. HOFFMAN STREET BALTIMORE 2122/ MARYLAND disposition is made MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday WIDOWED, DIVORCED (specify) Hours FEMALE NEGRO OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in/U. S. Armed Forces?
(Yes, no or unknown) (If yes) give wor or dates of service) ADDRESS 6. SOCIAL or final SECURITY NO. BCN 4940 EASTERN AVE. #21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION IOSI. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING terros clerate Cardenas cula TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 0 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYA (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED of Breast before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING \_ CAUSE OF AL DEATH (notify medical examiner) etc.) MEDI obtained 21 D. TIME (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While IAPPROX.) Work At Work mac 22. I certify that (m) (this haspital) attended the deceased fram 1967 that (1) (we) lost sow the deceased alive on.... ond that in (my) (our) opinion death occurred on the date ond haur ond from the couses stoted obove. (1) (16) (did) (didness) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS #21224 NAME (Type 4940 EASTERN AVE. DR. ALAN J. BARNES BALTIMORE CITY HOSPITALS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY 24D. JOCATION REMOVAL ISpecify

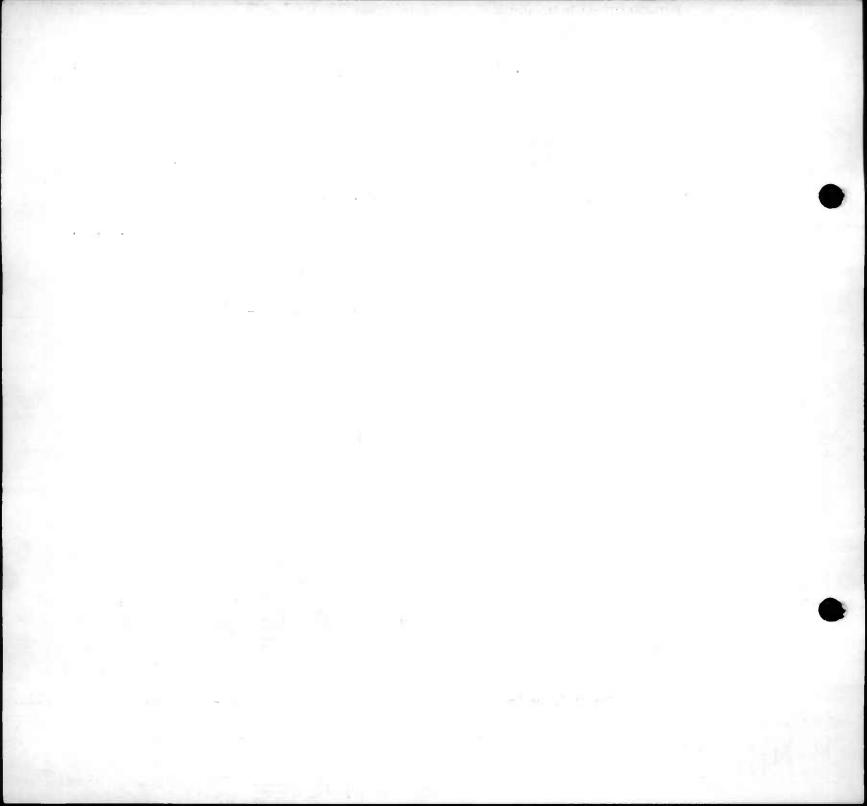
26C. FUNERAL DIRECTOR

ADDRESS

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pur	ath	sed	the	uch		
0	de	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	uo	. 5		
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icat	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	019 4000	BALTIMORE CITY	Y HEALTH DEPARTMENT		CD 4000
- 11	RTH NO. 67 4880	CERTIFICA	TE OF DEATH	Registered No	67 4880
1	I.E. CASE NO.  NAME OF DECEASED  ype or Phint!			HOUR OF DEATH	
Н	Harry E. Do	rsey		17, 1967	4:20 p <sub>M</sub>
3	PLACE OF DEATH IN BALTIMORE, MARTLAND		A. STATE B. COUNTY	aceosed lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, oddress or location)	give street	Maryland c. city or town (If outside	ain Carin ain Bil	PAL and size A final fin
	Provident Hospi		Baltimore	city timits, write ko	11/5
	39 1514 Division S		D. STREET ADDRESS (If ruro	give location)	110
L	Baltimore, Mary		446 Walton		
5		NEVER MARRIED D, DIVORCED (specify)	Nar. 14, 1891	birthdoy) 76	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	DA, USUAL OCCUPATION (Give kind of work 10.8, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	Petered		Baltimore, Maryl	and	U. S. A.
ñ	3. FATHER'S NAME		14. MOTHER'S MAJDEN NAME		
1	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Gertrude Dorsey-	vife	same
	18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C1	P1 -1.0.	
	(This does not mean the mode of dying, e.g.	(A) DUE TO	Canar of	1/6300	
	heoil failure, asthenio, etc. Il means the disease				
	ANTECEDENT CAUSES	(B)			da a
	DISEASES OR CONDITIONS, if any, giving				
	uise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)			
	П				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G te			
	DISEASE OR CONDITION CAUSING IT.		[20A. AUTOPSY? (Yes or No)] 2	OR IE VEC WERE EIN	ADINGS CONSIDERED
	WAS PERFORMED	WHICH OFERATION		N CERTIFYING CAUS	
	21 A. ACCIDENT WAS UNDERLYING [21]	ne, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 211	INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
	OF INJURY (APPROX.)	nile At Not Whi			
	22. I certify that (I) (this haspital) attended			67 to Ma	y 17, 1967
	that (1) (we) lost saw the deceased alive on.	May 17,	19 67 ond that	in(my) (our) apini	on death occurred on the dot
	ond haur and from the couses stated above.				
	23A. SIGNATURE	7	•	2	38. DATE SIGNED
	Junes	M.D. Att	tending Med. Sto Phy	ff x	May 18, 1967
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	Dr.C.Laredo	M.D.	1514 Division Str	eet-Baltimo	re, Maryland 2121
2	4A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY or CE	REMATORY 24D. LOCA	ATION (City,	town, or county) (Stole)
	Durial May 21/67 M	4 Calrary	emetery a.l	2. Cruxi	ty md,
2	SA, DATE REC'D BY HEALTH DEPT. 258 NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	chan 112	an Carlais of
E	S 150-REV. 1/1/6S	7-0-0	0 8 8 0	710	111,-00000

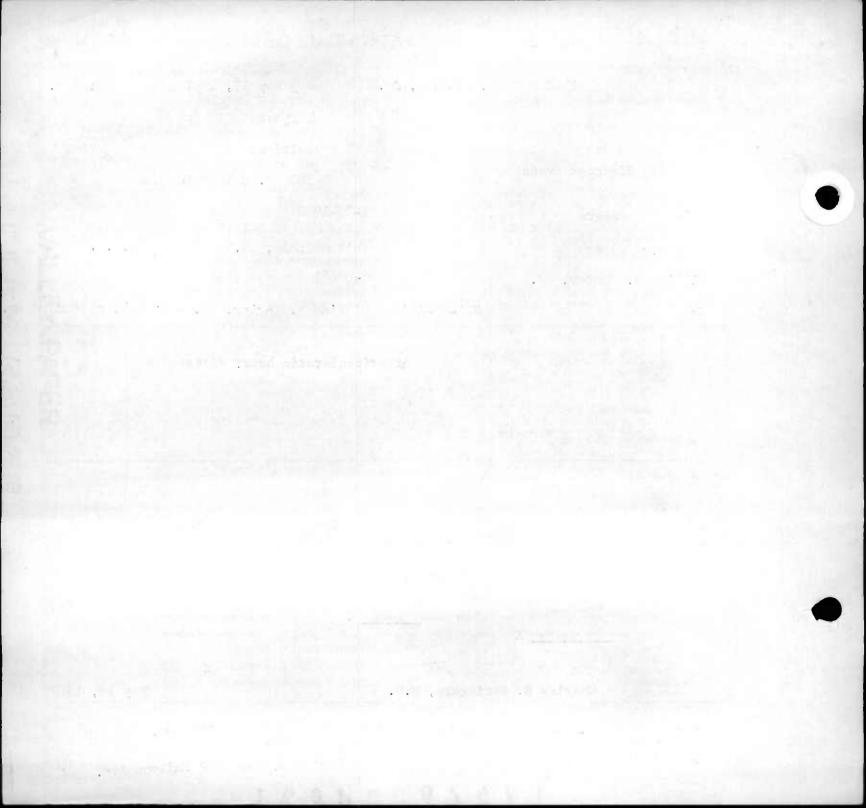


the surger Wind Charles W. D. second maplific Whitehology files 19 at the to make

NAME OF DECEASED			2. DATE AND HOUR PRONOUNCE	ED DEAD		
WILLIAM	EDWARD CARTER, Jr		May 17, 1967	4:35 P.		
PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. II instiguted B. COU	tution: residence belore odmission)		
ILL NAME OF (IF NOT IN HOSPITAL OR OSPITAL OR ADDRESS OR LOCATION) STITUTION	R INSTITUTION, GIVE STREET	C. CITY OR TO	VN (II outside corporate limits, write Baltimore	RURAL and give township)		
3214 Piedmont Avenu	ıe	3800 W. Coldspring Lane				
WIDO	ARRIED, NEVER MARRIED OWED, DIVORCED(specify)	1-30-19	9. AGE (In years lost birthday)	II Under 1 Yr, II Under 24 Hrs. Months, Doys Hours Min.		
A. USUAL OCCUPATION (Give kind of work 108. In during most of working life, even if retired)  Caterer Helper	Separated wind of Business or Industry			12. CITIZEN OF WHAT COUNTRY?		
FATHER'S NAME		14. MOTHER'S M				
William E. Carter, Sr.	CES? 16. SOCIAL	Gendell		ADDRESS		
s, no orunknown) (II yes, give wor or dotes of s			E. Carter, Sr			
18. / 2010	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTE	LY	orionaler	otic heart disease			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN	GIVING (B)					
UNDERLYING CONDITION LAST.	(C)			***************************************		
UNDERLYING CONDITION LAST.						
UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	O TO THE	20A. AUTOPSY Yes	? (Yes or No) 20B, IF YES, WERE FIN IN CERTIFYING CAUS Yes	NDINGS CONSIDERED SES OF DEATH?		
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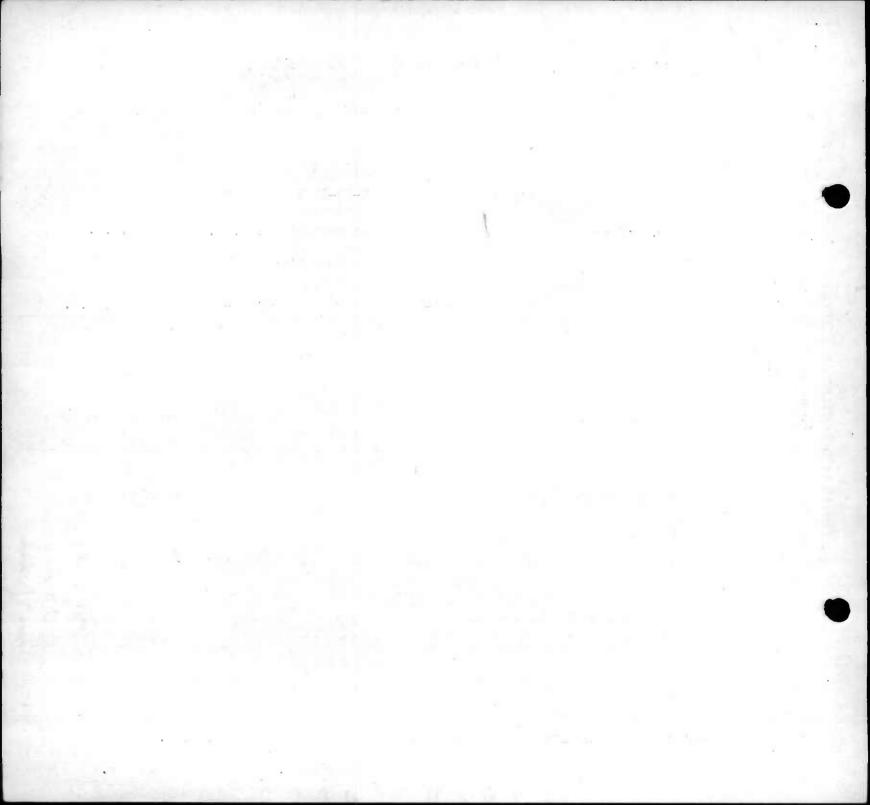
VS 151-REV. 1/1/65

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S	and Such Such	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such accessed prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	
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	if death or ect or con 4) Undeter was in re	written announced mine he abstituted hele an announced and property is mostly
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	AME OF DECEASED  of or Printing Sphare Small	(Cephus Small)	2. DATE AND HOUR OF DE	
3. F	PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admi
			A. STATE D. COUNTY	
1	HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If Butside city limits, w	rite RURAL and give township)
1	NSTITUTION		Bultimore	15-0
	Lutheran Hospita	af	D. STREET ADDRESS (If rurol, give locotion	1)
L	+6		2929- Clifton Ave.	
5. S	EX   6. RACE   7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 2 Months: Days Hours A
M	Tule Negroe. USUAL OCCUPATION (Give kind of work) 10	Wildrawed	9-19-1901   lost birthdoy) 65	Nomins Day's Hoors
10À	. USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
gone	Rug Co. Helper		Bennettsville, S. C.	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	King Small		Josephine?	
15.	Was Deceased Ever in U. S. Anned Forces	? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes o	SECURITY NO. 241-01-1794		
_	no		Sarah Lee Sloan - Ben	
	18.	CAUSE O	F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC	TLY	1	
	(This does not mean the made of dy	ving, e.g., DUE TO	eprovacidat /tocident	ved friesra a sira a <b>de</b> a mato afra i-ri fri fin is o militana tanining di mata desirida
	heart failure, asthenia, etc. It means the	e disease,		
	ANTECEDENT CAUSES	(R) Cu	rebral Herrorchage	
	1,1-2			
	DISEASES OR CONDITIONS, if any			
	rise to the above cause (A) st	aling the (C)		
	UNDERLYING CONDITION last.	aling the (C)	***************************************	
7	UNDERLYING CONDITION last.			
NOIL	UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE	NTRIBUTING		
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BIRTH NO. 67	4884		HEALTH DEPARTMENT	Registered No.	67. 4884
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) HARRY		AMBLE	2. DATE	AND HOUR OF DEATH	11550 ( 1
HOSPITAL OR addre	of in hospital ar institution, give stess or location)  IVERGITY HOSP	tre et	A. STATE B. CO Mol. C. CITY OR TOWN H Baltimore D. STREET ADDRESS 2232 E. FE	autside city limits, write (If rural, give location) airmount Aven	
5. SEX 6. RACE	7. MARRIED, NEVE WIDOWED, DIV SEPALF	ORCED (specily)	1-31-09	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dane during mast at warking life, e			ASHLAND, K	ENTUCKY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			4. MOTHERS MAIDEN N	?.	
15, Was Deceased Ever in U. (Yes, na ar unknawn) III yes, give		OCIAL ECURITY NO.	7. INFORMANT FRANCES	GAMBLE	ADDRESS
LEADING  (This does not mean the heart foilure, osthenio, e injury or complication w  ANTECEDEN  DISEASES OR CONDI	NT CAUSES ITIONS, if ony, giving cause (A) stating the	(B)	reinoma at		
TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UN OR CONTRIBUTING CA  DEATH (natify medicol exc	N 198. CONDITION FOR WHICH WAS PERFORMED  NDERLYING 218. PLAC home, for etc.)	E OF INJURY (e.g., in	ar about 21C. WHERE DID to bidg., INJURY OCCURS	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact lacation)
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23A. SIGNATURE  Michael  23C. PHYSICIAN'S NAME IType)  MICHAEL	R. SIEGAL	M.D. Atten	ding Med.	Stoff Phys.  HOSPITAL	238. DATE SIGNED 5-18-(7
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME 6 5-22-1967 Mt.	Carmel	AATORY 24D	LOCATION (C	yland ADDRESS

VS 150-REV. 1/1/65

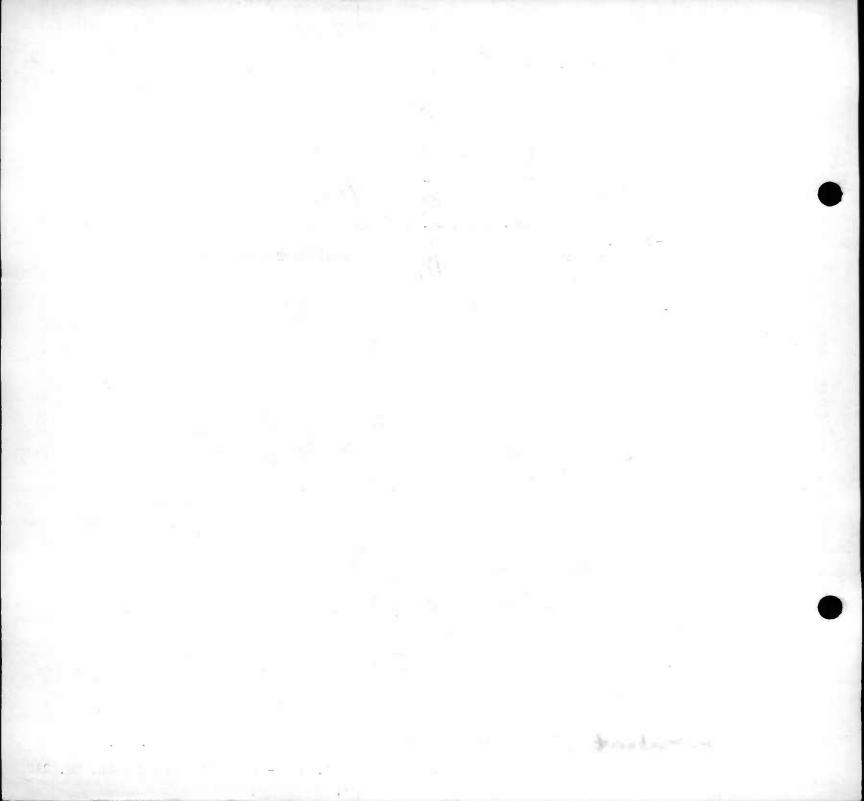
Lilly & Zeiler Inc.

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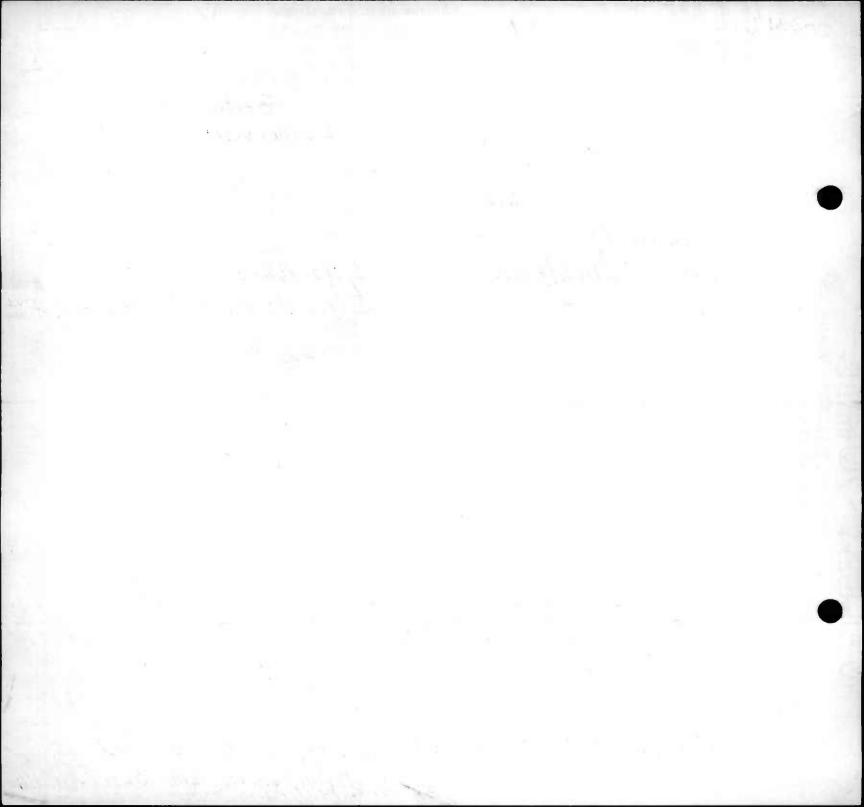
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VS 150-REV. 1/1/65

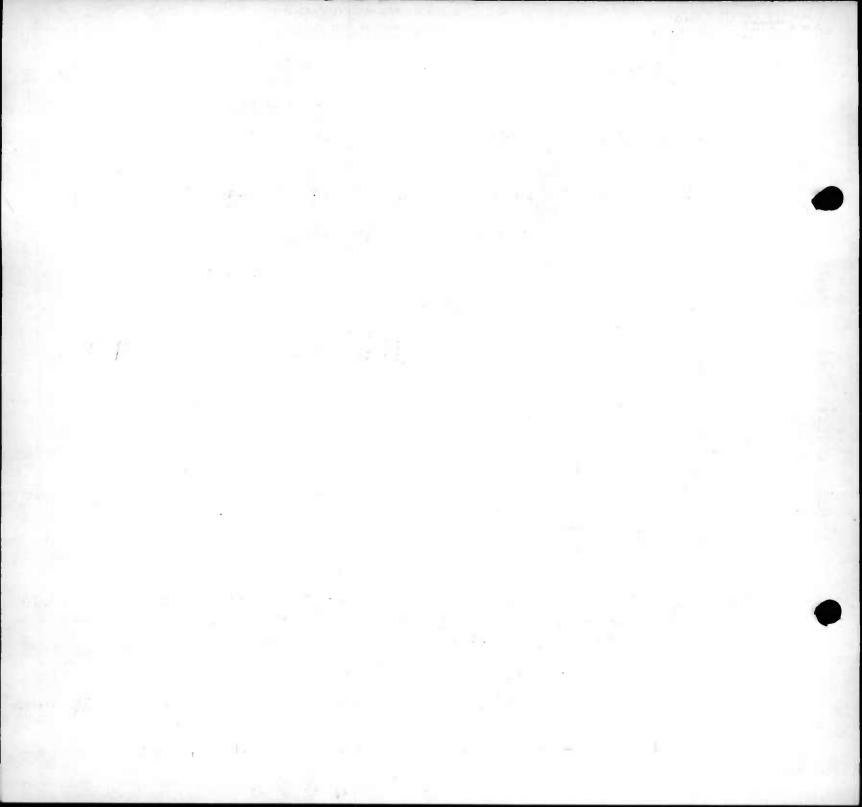


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A.E. CASE NONAME OF DECEAS Type or Print)	ED	BOSLE	Y	1ARV	)EA	N	2. DATE A	ND HOUR	OR DEATH	1	6.3	01
. PLACE OF DEATH	IN BALTIMO	RE, MARYLAND	· ·	, , , ,	4.		DENCE (Wh	ere deceose	id lived If in	stilulion: resid	ence before	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION		hospitol or instit r location)	ution, give st	eel		MD -	T	32/11	MOT T	RURAL ond gi	ve township)	
2SINAI	HOSPI	TAL O	F BA	LTIM	ORE D.	STREET ADI	-	f rurol, give			53-	00
					13	0x 38 8			PRING		)	
F.	W	WIE	RRIED, NEVEL	ORCED (spe	ecily)	3/30	124	9, AGE (Ir lost birthdo	43	If Under 1 Months Do	ys Hours	er 24 Hrs. Min.
DA. USUAL OCCUPA  Sine duging most of work  HOUSPU	ing lite goven i		ND OF BUSIN	IESS OR IN	DUSTRY 111.	MD	(State or for	eign country	)		COUNTRY?	
DAVICE	1 M	intan	Neku		14.	E//2	MAIDEN NA	W.		,		
Was Deceased Eve	yes, give wo	med Forces?		CURITY NO		E/to	77	sleu	Po Be	2X 38	ODRESS Creek	AL
1B. /63	I CONDITI	ION DIRECTLY		CA	AUSE OF D	EATH		7.	AL	Λ INT	ERVAL BETW	
(This daes not heart failure, ast	NDING TO meon the m nemia, etc. I	DEATH nade of dying, I meons the dis	sease,	DUE	TO	100 M	wax	Kespi	19010	Mura	Sout 1:	5 miles
injury or camplic	ECEDENT (			(B)	Ca	rcinoi	na d	(RP	lype	4	*************	
DISEASES OR rise to the d UNDERLYING C	ibave caus	e (A) sloting		(C)	Xsl	1 01	the	lu	ng			
OTHER SIGNIFICATION OF THE DEAT	H BUT NO	OT RELATED T										
19A. DATE OF OP		PB. CONDITION VAS PERFORMED				20 A. AUTOP	SY? (Yes or N		YES, WERE	FINDINGS CO USES OF DEA	NSIDERED ATH?	
21 A. ACCIDENT OR CONTRIBUTION DEATH (notily me	G CAUSE	OF _	21B. PLACI home, form etc.)	OF INJUI	RY (e.g., in or street, office	obout 21 C. W	HERE DID Y OCCUR?	(1)	I in Boltimote	e Cily, give e	xoct location)	
	onth) (Day)	(Year) (Hour	While At		RED Not While C	21F. H	OW DID IN	JURY OCC	UR?			
22. I certify tha	t 🦀 (this h	nospital) atten	ded the dec	eased fra	m 5	17		1967	ta	5/17	19	67
that 排 (we) los										nian death (		
and haur and fr	om the caus	ses stated abo	ve. (#) (We)	(did) (dia								
23A, SIGNATURE	V.	Pachan		M	D. Attendir	19	Med.	Stoff Phy s.		23B. DATE S	IGNED	
23 C. PHYSICIAN'S NAME (Type)					M.D. 23 D.	. ADDRESS				i		
4A. BURIAL CREMA  JEMOVAL (Spec	HEALTH DE	20-67	BOS AME OF REG	CEMETER I	S Cell	APTERO	3 B	2/fo	Co	ily, lown, or c	ADDRESS	(Stole)



VS 150-REV. 1/1/65

		10 min 67 488	BALTIMORE CITY	HEALTH DEPARTMENT	CO ADDITION OF
)	BIRTH	1 NO 1 / / / /	CERTIFICA	TE OF DEATH Registered N	0.0/ 488/
	1. N	CASE NO.  AME OF DECEASED  OF Printil BRANCH	BABY GIRL B	2. DATE AND HOUR OF DEA	TH 5 00 M
	3. PI	ACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. I	It institution; residence before admission)
	H	OSPITAL OR oddress or locotion		C. CITY OR TOWN (If outside city limits, wri	ite RURAL and give township)
	-	Johns Hopkins	HOSRITAL	D. STREET ADDRESS, (If rutol, give locotion)	8-04
		33		2200 HCHNBHHH	
	5. SI	Finala Nogro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lost bighday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
			TWFANT	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. F	ATHERS NAME		14. MOTHERS MAIDEN NAME	
				Doris Branch	
	15. V (Yes,	Vos Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or date	orces?  tes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		18. 276 X I	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DI	Fe	REMATURITY	8 hrs
		(This daes nat meen the made of heart failure, osthenio, etc. It means	s The diseose,		
		ANTECEDENT CAUSES			
		DISEASES OR CONDITIONS, if	any, giving		
2		rise Ia the above cause (A) UNDERLYING CONDITION last.	slaling The (C)		
5	NO	OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL			
	CATI	DISEASE OR CONDITION CAUSING	IT.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WE	RE FINDINGS CONSIDERED
<b>D</b>	ERTIFICATION		RFORMED		CAUSES OF DEATH?
	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)	n or obout 21 C. WHERE DID (II in Balti fice bldg., INJURY OCCUR?	more City, give exact location)
3	010	21D. TIME (Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?	
	×	OF INJURY (APPROX.)	While At Not While Work At Work	е	
		22. I certify that (1) (this hospita	ol) ottended the deceased fram 5	- 17 - 6 1967 10	5-18 1967.
9		that (I) (we) last saw the deceas		19 ) ond that m(my) (our)	opinion death occurred on the date
2	11 1	ond hour ond from the couses sto	oted obove (I) (We) (did) did not) v	iew the body ofter deoth.	23B. DATE SIGNED
		11.7.1	laws . M.D. Atte	ending Med. Stolf Phys.	5-18-67
		23C. PHYSICIAN'S NAME (Type)	Drams :	23D. ADDRESS	Has Durance
2	24A	BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	TOHNS HOPKINS	(City, town, or county) (State)
		REMOVAL (Specily)		Later Company	
		REMATION 5-18	25B. NAME OF REGISTRAR	HOSPITAL BALTIMORE	MARYLAND ADDRESS
1		MAY 19 1967	B. Dur Bo S. at C. Couples	PEROLITET DIS	TONTH



APPROVAL

NO

Rolathe wrocanish law durge it coups Posselle life has no To sup 1. septet

	. 0601/140RO	BALTIMORE CITY	HEALTH DEPARTMENT		11/11/01 8
	TH NO. 61-09746	CERTIFICA	TE OF DEATH	Registered No.	1244691
1.1	E CASE NO.	.0	, 2. DATE	AND HOUR OF DEATH	25
	Franch Baby ge	res de	red 5-1	17-6768	The M.
<b>4.</b>	PLACE OF DEATH IN BALTIMORE, MERYLAND		A STATE B. CO		institution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give streel	mary	and	
	INSTITUTION		c. city of town	outside city limits, write	RURAL and give township)
	2011	1 40	D. STREET ADDRESS	(If rural, give location)	0 0
	John a Hoppins	Haspelal	2200	Henne	man ool
5.		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	tenue C		5-17-67	nB.	20
da	A, USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stôte or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN	YAME	n
	Dranck for	nny	gran	c, de	lores
(Ye	Was Deceased Ever in U. S. Armed Forces, s,no or unknown) (If yes, give wor or doles) serv	ice) 1 6. SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS
			· ·		
	1B. 7	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and the same	Connaturi	<b>*</b>	20 minutes
	(This does not meon the mode of dying,			7	-ciranus
	heoit foilule, asthenia, etc. Il meons the dise injuly of complication which coused death.)	1056,		•	1.0
	ANTECEDENT CAUSES	(B)		\$ \$\dag{\phi}\$ \$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}	**************************
	DISEASES OR CONDITIONS, if ony, gi				
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	ine (C)		***************************************	
_	-11				
101	I TO THE DEATH BUT NOT KELATED TO				
CA	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	Na) 20B. IF YES, WERE	FINDINGS CONSIDERED
RTIFIC	WAS PERFORMED		200	IN CERTIFYING C.	AUSES OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimo	ore City, give exoct locotion)
AL	DEATH (notify medical examiner)	etc.)			
MEDI		21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
2	(APPROX)	While At Not While Work At Work			
	22. I certify that (I) this hospital) attend	led the deceased from	5/17	1967 10 5	117 167.
	that (I) (we) ast saw the deceased alive		19 67 ond		pinion deoth occurred on the date
	and hour and from the couses stated above				
	23A. SIGN AT URE		· · · · · · · · · · · · · · · · · · ·		23 B. DATE SIGNED
	Genald Brangles	M.D. All	ending Med.	Staff Phys.	5/17/67
	23C.PHYSICIAM'S NAME (Type)		23 D. ADDRESS		
	DONALD B. SPANGLER	M.D.	JOHNS HOPK	INS HOSPITAL	, BALTIMORE, MD.
24	·	C. NAME of CEMETERY OF CR			City, town, or county) (State)
		JOHNS HOPKING	HOSPITAL	ALTIMORE, M	ARYLAND
25	A. DATE REC'D BY HEALTH DEPT. 25B. NA	JOHNS HOPKINS	25C. FUNERAL DIRECT	OR DECEMBER	ADDRESS
	MAY 19 1967 (12.0	of E tarber 4.	HUSPI	TAL DISPU	OAL
VS	150-REV. 1/1/65	070	0 1 8 0	A	

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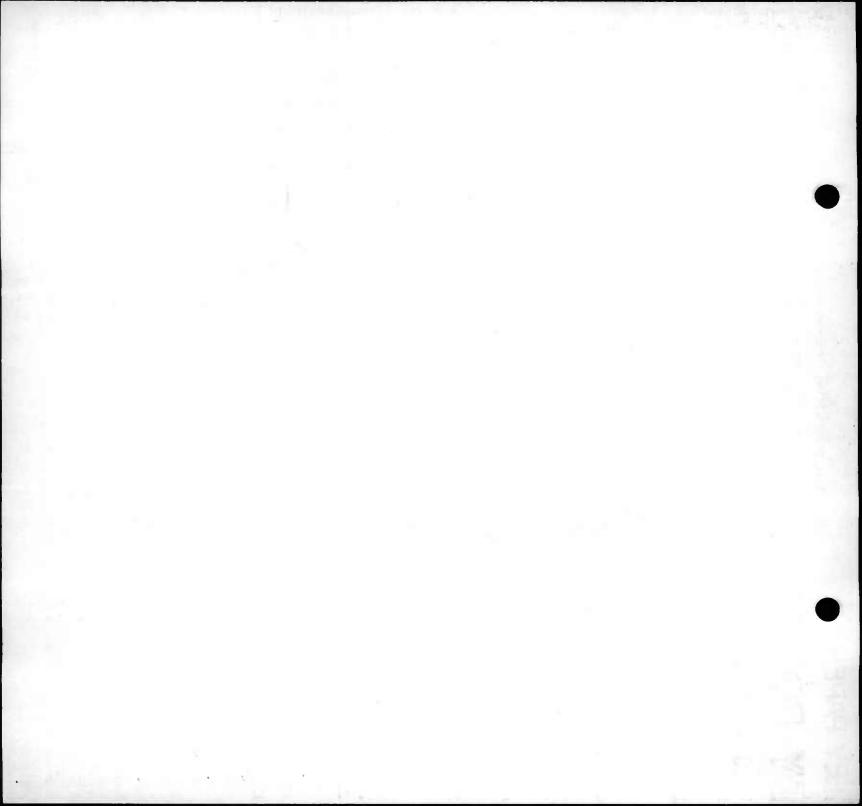
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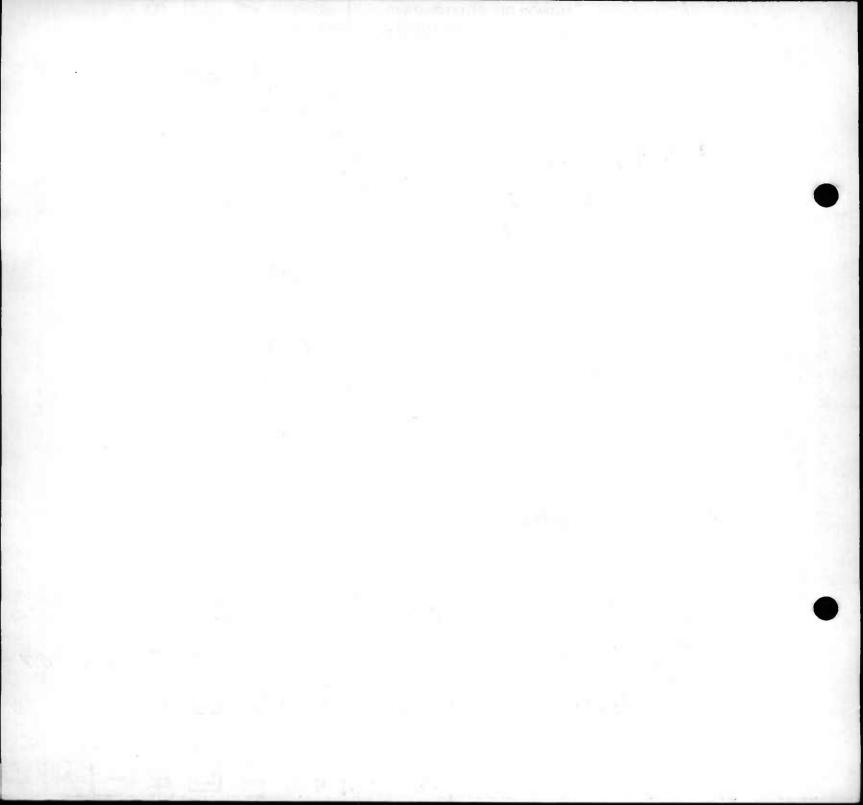
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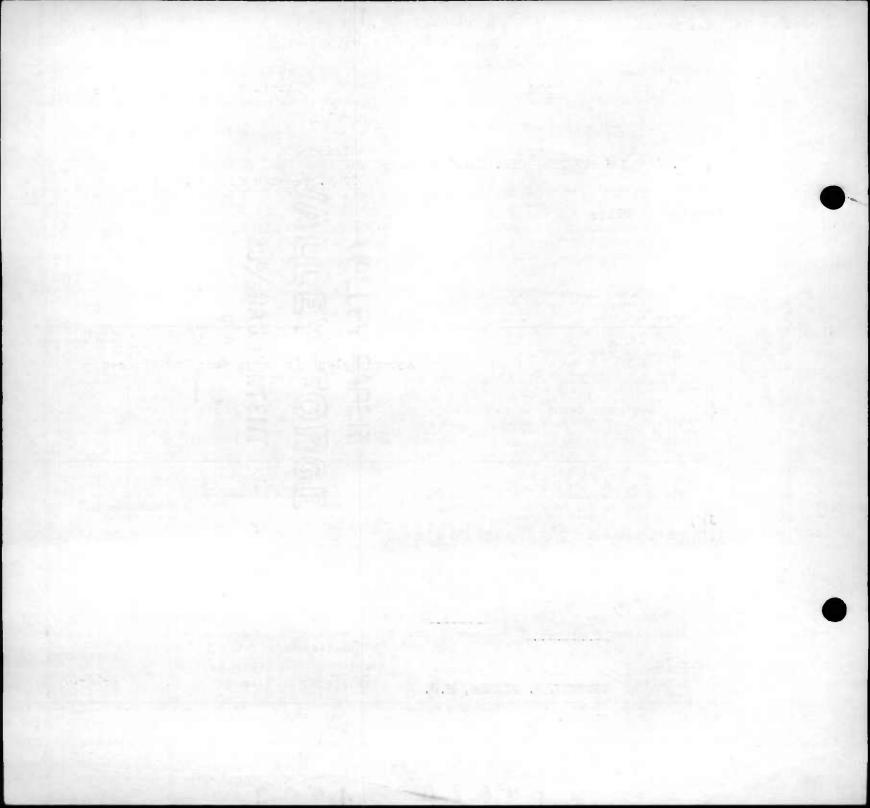
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🤍	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be
	S	3	S	0	Ξ
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	-	VI	5	O	5

						BALT	IMORE CIT	Y HEALTH	DEPARTMENT			OF	400	. 3
4		H NO.	67	4892		CEF	RTIFICA	TE OI	DEATH	Register	ed No	5/	483	<u> </u>
	1.N	AME OF DECE e or Print)	ASED		7-	n i	11		2. DATE A	ND HOUR OF	DEATH			
			Er,	NEST	<i>t</i> -	HCH	ille	S.:	RESIDENCE (WI	5-15-	67		11:10	OA-M
	3. P	LACE OF DEAT	H IN BALII	MURE, MAR	ILAND			A. STATE			ved. 4t inst	litutron: resid	dence before	odmission)
		ULL NAME OF		in hospital o	r institution,	give street		CCITY	OR TOWN	a N & .	s write RI	18AL and a	ive towerisal	
	11	NOITUTION							Rollin	Are	# _	517	20	-6
	Aure	9	1 17.		•	1	11	D. STREE	ADDRESS	li rurol, give loce	otion)	)		7
ė.	S	outh	Salti	more		ral	Hosp.	84	/ G/a	de (	04	rt.	9 17 11	
made	5. SI	M. 1-	/ RACE	\_ ~	MARRIED,	DIVORCE		B. DATE C	9 / 9a/	9. AGE (In ye lost birthdoy)	ors	If Under 1 Months Do	bys Hours	ler 24 Hrs. Min.
2	102	USUAL OCCUI	ATION GIVE	kind of work	OB. KIND OF	BUSINESS	OR INDUSTRY	11. BIRTH	PLACE (State or fo	reign country)		12. CITIZEN		
disposition	done	during most of w	orking life, ev	en if retired)	Ro	lin.	-1			GEPM	11/10		COUNTRY?	
sit	13. F	FATHER'S NAM	E		1/6	2110	-α'	14. MOTH	IER'S MAIDEN N	AME	cep 4	1		
sp		HEI	Vru						man	iF				
	15. V (Yes.	Was Deceased I	ver in 0. S.	Armed Forc	es? of service)	1 6. SOCIAL		17. INFOR	MANT	10		A	DDRESS	
final			, ,											
0		18. 4 0	0 / 1			•		DE DEATH				ON	TERVAL BET	
Pe			OR CONI	DITION DIRI	CTLY		M	1000	-di-1	Inter	of!			
balm		(This does no heart failure, o					DUE TO	/	,	/	1.1.97			
mpc		injury or comp					1+	tona	-di-l	ic Car	rdio	Escal-		
0				T CAUSES			DUE TO		2	sease		7,9		
are		DISEASES OF	abave c	ause (A)			(C)	~~~						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the remains		UNDERLYING	CONDITIO	N last.										
E	N N	OTHER SIGNIF												
9 7	CATION	TO THE DE	NOITION	CAUSING IT										
÷	E	19A. DATE OF	OPERATION	WASTERF	200	1-	+	20 A. A	UTOPSY? (Yes or	No) 20B. IF YES	WERE FI	SES OF DE	ONSIDERED	
before	1	21A. ACCIDEN	WAS UN	DERLYING	21 B	PLACE OF	INJURY (e.g.,	in or obout	21 C. WHERE DID	(If in	Boltimore	City, give e	exact location	)
bef	CAL	OR CONTRIBUT			etc.		tory, street,	office blag.,	INJURY OCCUR?					
ed	EDI	21 D. TIME OF INJURY	(Month) (D	lay) (Year)	-	INJURY O			21F. HOW DID II	NJURY OCCUR	?			
ained	S	(APPRDX.)			Wh	rk At	Not Wh At Work							
opt		22. I certify t					/	4-		19 67 10			51	
pe	!	that (#T(we)							<u>4</u> 7 and		our) apin	ion death	occurred o	n the date
ust	II I	and hour and		ouses stof	ed abave. (I	) (We) (did	l) (did not)	view the b	ody after death	1.		23B. DATE	SIGNED	
Ε		CVI	M	1/2	1			tending	Med. Director	Stoff D		5-		67
٧٥١		23C. PHYSICIAN NAME (Ty	rs	rung	·		rn	23D. ADD		Phys.			·	- /
approval		NAME (Ty)	Da.V.	.0	m. L	wnh	M.D	121	3 Link	+ S-	the	et.	LDV	LUNI
	24A	BURIAL CREM		B. DATE	24C, N	AME A CEN	METERY OF C	REMATORY	24D.	LOCATION	(City	, town, or	county)	(Stote)
ritten		ALTERNATION (S)		5-16-	67				UNIVI	RSITY	MED	CAL	SCII	OOL
rrit	25A	DATE REC'D	4 0 10	0.79	25B. NAME C	F REGISTRA	R CA D	25C. F	UNERAL DIRECT	TIIAD W	CED	FILCE	ADDRESS DC	НЪ
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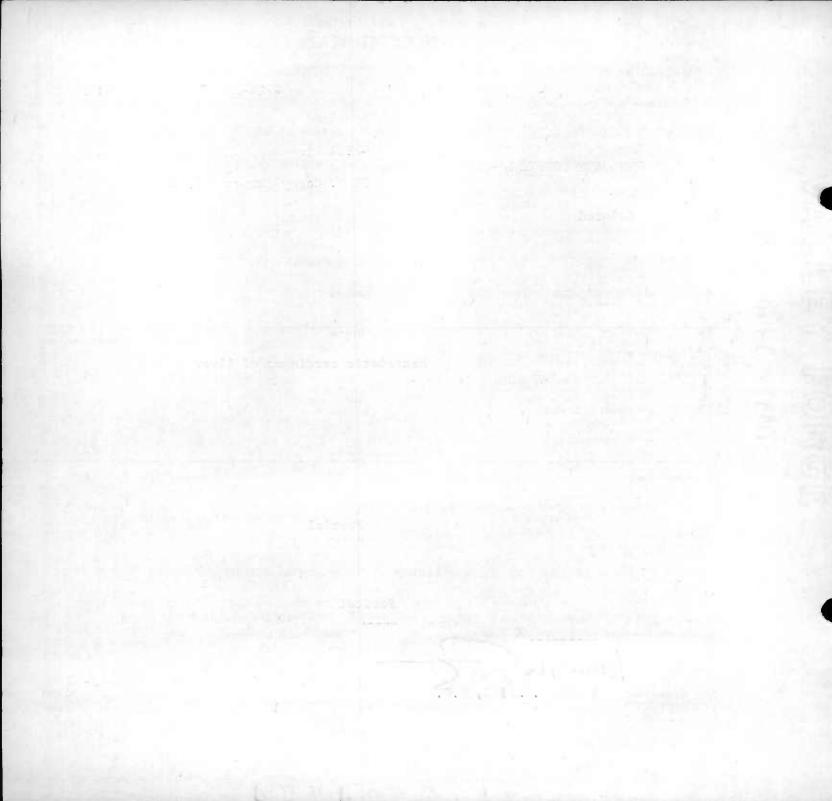
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BIRTH NO.	MED	ICAL EXA	MINER'S CE	ERTIFIC	CATE OF D	EATH Registe	red No		
M.E. CASI									
Type or P						HOUR PRONOUNC			
3. PLACE	N BALTIMORE, MARYLAND, V	EMMA VHERE PRONOUNC	DOW ED DEAD	4. USUAL A. STATE Mary	RESIDENCE (Where d	67 eceosed lived, If insti 8. COU	itution: residence	belare odmissian)	
FULL NAA HOSPITAL INSTITUTIO	OR ADDRESS OR LOC	TAL OR INSTITUTIO ATION)	N, GIVE STREET	C. CITY O		corporote limits, write	RURAL ond giv	e tawnship)	
732 E	PRESTON STREE	r - Off. Cl	harles Owens	D. STREET	ADDRESS (If rural,				
01	)					Street 212			
5. SEX Femal		7. MARRIED, NEV	ORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  70					
	L OCCUPATION (Give kind of wa mast af warking life, even if retired)		SINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF		
13. FATHER	'S NAME			14. MOTHER	'S MAIDEN NAME				
	ECEASED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORM	ANT		ADDRESS		
DIS RISE UN	DISEASE OR CONDITION E LEAOING TO DEAT s does not meen the mode of didiure, asthenia, etc. If meory or camplication which caused  ANTECEDENT: CAUS EASES OR CONDITIONS, IF TO THE ABOVE CAUSE (A) DERLYING CONDITION LAST	H  f dying e.g., s the disease, death.)  ES  ANY, GIVING STATING THE	(A) Arte	erioscl	erotic car	diovascular	r disease		
9 to	HER SIGNIFICANT CONDITION THE OEATH BUT NOT R EASE OR CONDITION CAUSIN	ELATED TO THE					~~~~~~~~~~~~	v =	
	ATE OF OPERATION 198. CO	NDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
UNDE	XTERNAL CAUSE WAS RLYING OR CONTRIB- CAUSE OF DEATH.	21B. PLA hame, fo	CE OF INJURY (e.g., i orm, factory, street, o	n ar about 2 ffice bldg., It	IC. WHERE DID (I	in Baltimore City, gi	ve exact lacation	)	
21D TOF IN.	URY		LE AT NOT N	WHILE	IF. HOW DID INJU	RY OCCUR?			
S E N	AME (Type)	L S'. FISHE	dent Suicide  M.D.  R, M.D.	ASSISTAN ASSOCIA	omicide United LEXA	AMINER AMINER	er ☐ DA 4-	ATE SIGNED	
REMOVAL	2-10	,-67 23C. N	AME of CEMETERY o	CREMATO	NIVERSIT	Y MEDIC	AL SCI	IOOL	
24A. DATI	MAY 19 1967	P. D. BT	E Farley MA		MORTI	JARY SEI	RVICE -	BCHD	
VS 151-RE	V. 1/1/65		andra de					1	



Happele Come 29 L Estern/mother (A) Lim 18 ... accuse Had of Rose ( When ( Line) Oline 1 John Unland 1 m.

M.E. CASE N	DECEASED					2. DATE AND	HOUR PRONOUN	CED DEAD		
(Type or Print)		TO	HN	BUTLER		4-24			1:45	PM M.
3. PLACE IN	BALTIMORE, MA	ARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESID	ENCE (Where d	eceosed lived. If in	stitution: resid	dence belore	
FULL NAME HOSPITAL OR INSTITUTION	OF (IF NOT ADDRE	T IN HOSPITA	AL OR INSTITUT	TON, GIVE STREET	c. city or too		corporate limits, wr	rite RURAL or	nd give town	OZ-
-99	UNIVERS	ITY HOS	SPITAL -	DOA	D. STREET ADDI		give locotion)	3	7	
5. SEX Male	6. RACE	red	7. MARRIED, N WIDO WED, DI	VORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	s If Under	Doys Hour	
	CCUPATION (Gi st of working life, e		10B. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign	co untry)	12. CITIZI WHA	EN OF	
13. FATHER'S	NAME				14. MOTHER'S M	AIDEN NAME				
	EASED EVER IN			6. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
		TO DEATH		Meta	static car	cinoma o	f liver			
DISEA: RISE TO UN DEI	ANTECEDENT ANTECEDENT SES OR CONDI OTHE ABOVE C RLYING CONDI	NT CAUSES ITIONS, IF A CAUSE (A) ST ITION LAST.  II CONDITIONS	S ANY, GIVING TATING THE							
DISEA: RISE TO UNDER OTHER TO TI DISEA: 19A. DAT	ANTECEIDER SES OR CONDI O THE ABOVE C RLYING CONDI SIGNIFICANT C HE DEATH BL SE OR CONDITICE OF OPERATION	NT CAUSES ITIONS, IF A CAUSE (A) ST ITION LAST.  II CONDITIONS UT NOT REI ON CAUSING N 19B. CON WAS PERI	CONTRIBUTING LATED TO THE	(B)	Partia	? (Yes or No)   2	OB, IF YES, WERE N CERTIFYING CA YOS	USES OF DE	ATH?	
DISEA: RISE TO UNDE!  VOIDE OTHER TO TI DISEA: 19A. DAT  21A, EXTE UNING D  21D TIM. OF INJUR (APPROX.)	ANTECEDER SES OR CONDI O THE ABOVE C RLYING CONDI SIGNIFICANT C HE DEATH BL SE OR CONDITIC E OF OPERATION  RNAL CAUSE V NG OR CONTI CAUSE OF DEA E (Month)	NT CAUSES ITIONS, IF A CAUSE (A) ST ITION LAST.  II CONDITIONS UT NOT REI ON CAUSING N 19B. CON WAS PERI WAS RIB- ITH.	CONTRIBUTING LATED TO TH SIT. IDITION FOR W FORMED  (Hour) 211	G (C)	Partia	? (Yes or No) 2 1 VHERE DID (1)	10B. IF YES, WERE N CERTIFYING CA YES	USES OF DE	ATH?	
DISEA: RISE TO UNDER TO	ANTECEDER SES OR CONDI OTHE ABOVE C RLYING CONDI SIGNIFICANT C HE DEATH BI SE OR CONDITIC E OF OPERATION CAUSE OF DEA E (Month) Y  Certify that I asulted fram: TUAL NATURE LIMINER'S AE (Type)	III CONDITIONS, IF A CAUSE (A) ST ITION LAST.  III CONDITIONS UT NOT RELON CAUSING WAS PERI	CONTRIBUTING TATING THE  CONTRIBUTING LATED TO TH SIT.  21B. PI home, etc.)  (Hour)  U. SPITZ	G (C)	Partia  in or obout 21C. V office bldg INJURY  21F. He WORK V ORK CHIEF M  ASSOCIATE M  ASSOCIATE M	? (Yes or No) 2 1  WHERE DID (II) OCCUR?  DW DID INJUI  I that on this de U  EDICAL EXA EDICAL EXA	OB. IF YES, WERE N CERTIFYING CA YES fin Boltimore City,  RY OCCUR?  basis, death in and termined man AMINER AMINER AMINER AMINER	give exoct lo	DATE SI	



VS 150-REV. 1/1/65

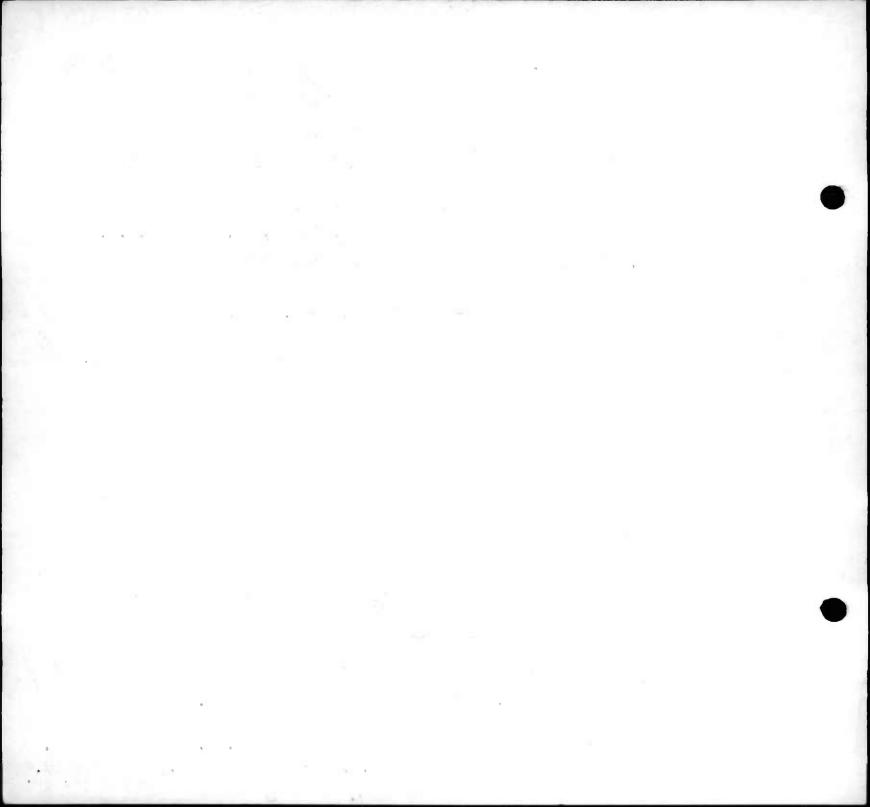
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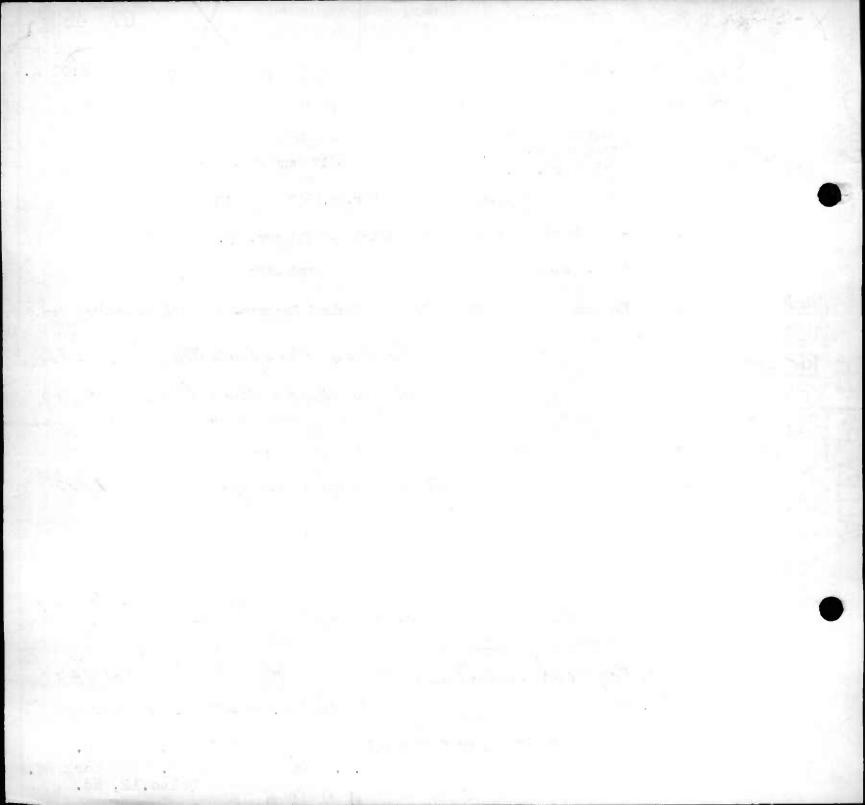
			BALTIMORE CITY	HEALTH DEPARTMENT		67 4600
BIRTH NO.	67 4898		CERTIFICA	TE OF DEATH	Registered Na	07 4030
M.E. CASE 1. NAME O (Type or Price	F DECEASED	M Vacan			D HOUR OF DEATH	11 1
3. PLACE C	ATINA.	M. Knapp		// //	7/1967	stitution: residence before admissi-
FULL NA		or institution, give s	toot	A STATE B. COUNTY	IA LA	stitution: residence before admissi
HOSPITA	L OR oddress or locotio	n)	rreer	C. CITY OR TOWN (If outs	side city limits, write R	RURAL and give township
0	Cours & Course			Baltimore D. STREET ADDRESS (III	ural, give lacotion)	21-0
70	Gould Conval	escerium		1507 Pentri		21.21.2
5. SEX	6. RACE	7. MARRIED, NEVI	ER MARRIED ORCED (specify)	B. DATE OF BIRTH	AGE (In years ost birthday)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
F	W	Marrie		6/4/08	58	Williams Doys Hours 14th.
	OCCUPATION (Give kind of work most of working life, even if retired)	108. KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Hous	ewife	Own Ho	me	Baltimore,		U.S.A.
13. FATHER				14. MOTHER'S MAIDEN NAM		
Andr	ew J. Bickel			Margaret Pu	lley	
15. Wos De (Yes, no or us	ceased Ever in U. S. Armed For nknown) (II yes, give war ar date	ces? 16.5	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
No		27.2	-05-01 <b>77</b>	Edgen C Vr	ann_	(Same)
1B.	9.3.01	412	CAUSE O	Edgar C. Kr	mpp	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	no	1110	· 12	ONSET AND DEATH
	LEADING TO DEATH		(A) / Re	lastalic arci	Ribars KVEL	and Smonths
	does not mean the mode of oilure, osthenio, etc. It means		DUETO			
injury	or complication which caused	death,)				
	ANTECEDENT CAUSES		DUE TO	n n + ++++++++++++++++++++++++++++++++	***************************************	
	SES OR CONDITIONS, if to the obove cause (A)					
	RLYING CONDITION last.	Storing the	(C)	***************************************		0.0000000000000000000000000000000000000
OTHER TO T	SIGNIFICANT CONDITIONS OF HE DEATH BUT NOT REL SE OR CONDITION CAUSING	ATED TO THE				
		DITION FOR WHICH	- OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF		E OF INJURY (e.g., i m, factory, street, o	n at about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location!
Ω 21 D. π/		(Hourl 21E INJU	RY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJ		While At Work	Not White	е		
22 1 0	ertify that (1) (this hospita				967 10 7	Lay 17 1069
	) (we) lost saw the decease		May	I MINI		// /
			1 (11 1) (14 L)		ir th (my) (Ama) opii	nich death accurred an the d
	our and from the causes sta	red abave. (I) (==e	(did) (diamer)	riew the bady after death.		23 B. DATE SIGNED
	W. Ha	bold	Phy	s. Director	Stoff Phys.	May 19, 196
23C.PH	ME (Typel Har	old V. Ha		4706 Harfo	ord Rd /4	+ // /
24A. BURIA	L CREMATION, 24B, DATE	24C. NAME	of CEMETERY of CR	EMATORY 24D. LO	CATION (C)	ty, town, or county) (State)
Bur	4	7 Woo	dlawn	Bal	to .Co.	Md.
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REC		25C. FUNERAL DIRECTOR		ADDRESS

Balto .Co.

\*\*Balto .Co.\*\*

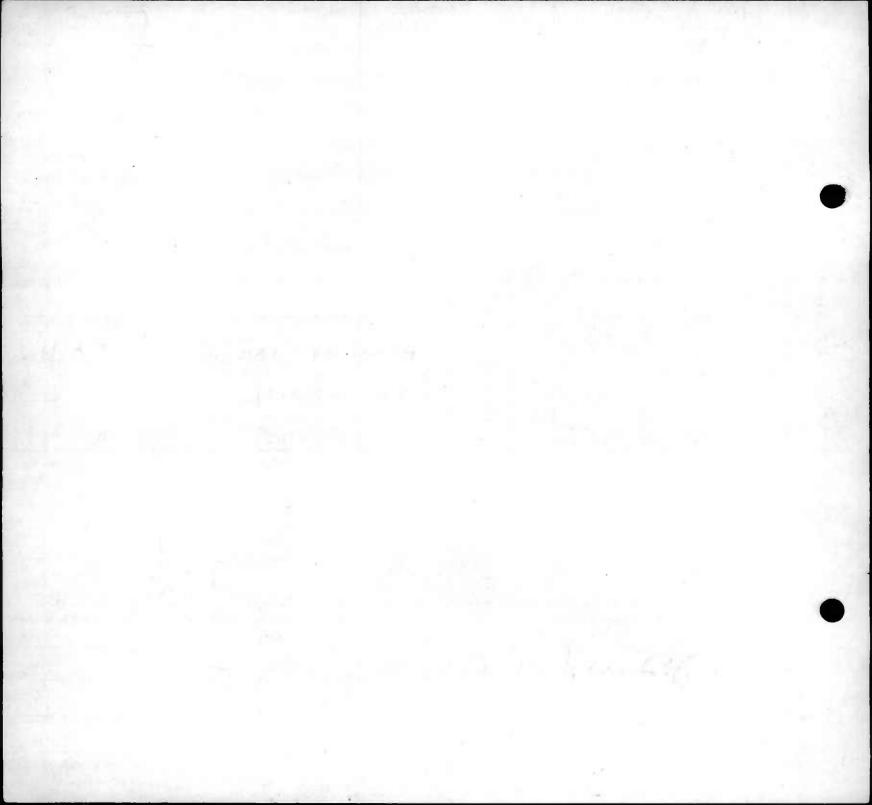
Balto .Co.\*\* 4905 York timore 12 OF Co. Bal





## FUNERAL DIRECTOR: IMPORTANT This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 6 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and the physician who provides the deceased prior to death. Such written approach must be obtained before the remains are embalance or final disposition is made.

	67-19-691 4000	BALTIMORE CITY	HEALTH DEPARTMENT	\ /	CD 4000
- 11	irth NO. 07 4000	CERTIFICA	TE OF DEATH	Registered No.	07 4035
1	A.E. CASE NO.  NAME OF DECEASED  Type or Print)  BAB BOY  PLACE OF DEATH IN BAVIMORE MARYVAND	Church We	2. DATE AN  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D HOUR OF DEATH	7 4 5 A M
	FULL NAME OF (If not in hospital or institution oddress or location)		A. STATE B. COUN	TY .	ORP Co
	MARYLAND Ge	N. Hosp.	BALTIN	nore (	2122253-00
-	SEX   6. RACE   7. MARRI	ED, NEVER MARRIED	1908 LU	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WIDO	WED, DIVORCED (specify)	MAY 13, 1967	lost birthdoy)	Months Doys Hours Min. 5 30
	lone during most of working life, even if retired)  3. FATHER'S NAME		MARY LA		WHAT COUNTRY?
	FREDRICK Chu	ech well		DAE Ter	7a UR_
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
	18. 1 DISEASE OR CONDITION DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the mode of dying, a heort foilure, osthenio, etc. It means the disectingury or camplicotion which caused death.)	e.g., DUE TO	AT PSALION	ILURE	>> 15 10vs
	ANTECEDENT CAUSES	DUE TO	Emp NISITY	المؤمنة ويستعده ويتدار والمؤمنة والمؤمن	ALAA
	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoling UNDERLYING CONDITION last.			1900 NO DESTRUCTION OF SECURITIES AND ADDRESS OF SECURITIES AND ADDRES	
	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING THE			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At		URY OCCUR?	
	22. I certify that (I) (this hospital) attended	ed the deceased from	1	19to	19
	that (I) (we) lost sow the deceased alive of			ot in (my) (our) opini	ion death accurred on the date
	ond hour ond from the couses stoted obove	e. (I) (We) (did) (did not) v	liew the body ofter death.		238, DATE SIGNED
	The Culton	M.D. Atte	ending Med. Director	Stoff Phys.	
	23C PHYSICIAN'S NAME (Type)	M.D.	ANNAGONE		MORVIAND
	REMOVAL (Specify) 5-18-6	NAME of CEMETERY of CR	JOHNS NO	PKINS ME	of town, or county) (Stote)
	WAL TA 1991 OF G	AE OF REGISTRAR	MORTU	ARY SERV	CE BCHB
1	/S 150-REV. 1/1/65	53 / 13 11 6			



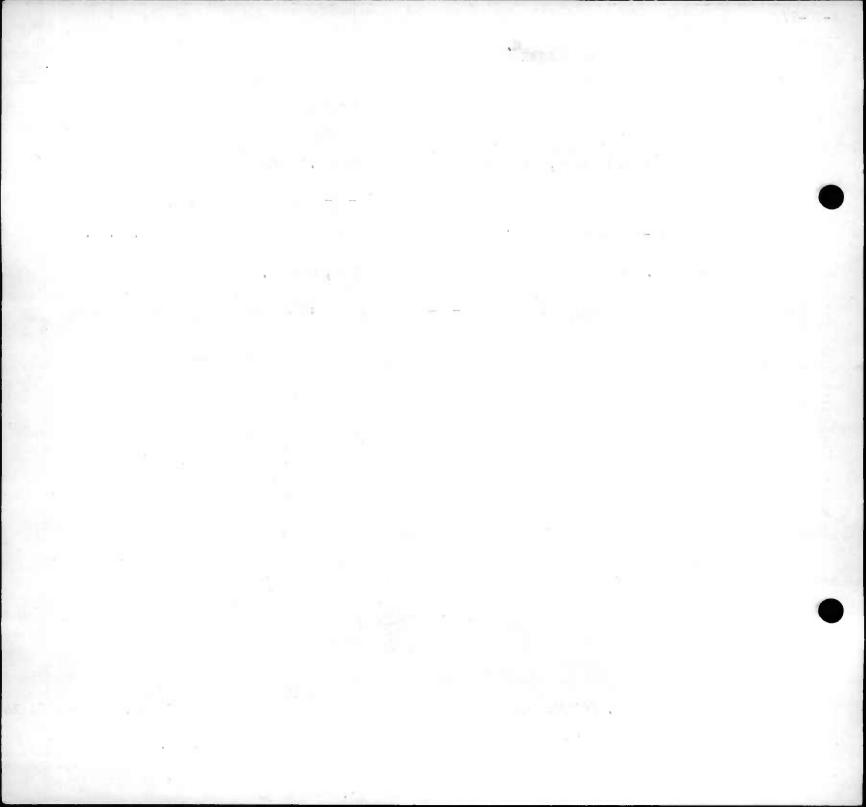
BALTIMORE	CITY	HEALTH	DEPARTMENT

4899

Registered No. 67 485

Zeikner Llono

DIKITI NOY			CERTIFICA	ALE OF DEA	AIH Magnatore	
M.E. CASE NO.	ASED TO A CONTROL	M.	\$5.00 II + \$100 W1972	2.	DATE AND HOUR OF DEAT	H
(Type or Print)	LATHER		NSPANT INE	1 - 1 - 1	× /11/17	1x00 A
PLACE OF DEAT	TH IN BALTIMORE, MA		CONSTAN	4. USUAL RESIDEN	ICE (Where deceased lived, If B. COUNTY	institution: residence before admission)
FULL NAME OF	(If not in hospital oddress or location		, grve street	Maryland		
INSTITUTION	Baltimore (		nenitale			RURAL and give township)
	4940 Easter	-	_	Baltimore D. STREET ADDRES		1.00
21						21225
	Baltimore,				Monument Street	21205
Female	White	WIDOW	D, NEVER MARRIED  ED, DIVORCED (specify)	12-27-1899	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUI	PATION (Give kind of work		OF BUSINESS OR INDUSTR			12. CITIZEN OF
	orking life, even if retired) Retired			Maryland		U. S. A.
3. FATHER'S NAM	E		-	14. MOTHER'S MAI	DEN NAME	
John J.	Starr			Shea, Mar	ry M.	
5. Wos Deceosed	Ever in U. S. Armed For (If yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	None	s or service.	220-30-1555	RECORDS:BO	CH 4940 Eastern	Avenue 21224
18.	2 / XI		CAUSE (	OF DEATH		INTERVAL BETWEEN
DISEASE	OR CONDITION DIR	ECTLY		. 0	,	ONSET AND DEATH
L	EADING TO DEATH		(A)	esperal	on Frelus	
	I meon the mode of		DUE TO	and for the same of the same o	in Preum	
	esthenio, etc. It meons dicolion which coused		е,	9 . 4	4 0	
A	NTECEDENT CAUSES		(B)	esperat.	ion treuno	5 Jays
	R CONDITIONS, if	alan atnia	DOE TO			
	obove couse (A)	,	-	CVH		2000)
UNDERLYING	CONDITION lost.		dah dan merukan			
	- 11					
≥ TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO		UD		
19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? I		E FINDINGS CONSIDERED
	WAS PERI			YES	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	2 h	1 B. PLACE OF INJURY (e.g., ome, form, foctory, street, tc.)	in or about 21 C. WHER	RE DID (If in Boltim CCU R?	ore City, give exact location)
O .						
W OF INITION	(Month) IDoy) (Year)		IE, INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX)			Vhile At At Work At Work	ile		.7
22. Leartify-t	hat (1) (this haspital	Pattended	the deceased fram	5/3	1967 to 3	3/18 1967.
						pinian death accurred an the date
		/				deconed an ine date
23A. SIGNATUR		ea abave/	(I) (We) (did))(did nat)	view the bady after	r aeath.	DATE CICALES
23A. SIGNATUR	Issolith	the		tending Med		23B. DATE SIGNED
23 C. PHYSICIAN	45		FR	122D ADDRESS	ltimore City Hos	snitals
118/11/	Dr. Judith	Mall	M.D			imore, Maryland 2122
24A. BURIAL CREM	AATION, 248. DATE		NAME OF CEMETERY OF CI	<u> </u>		City, town, or county) (Stote)
Burial	5/22/1	967	New Cathedral	Cemetery	Baltimore, M	
25A. DATE REC'DA	BAVEAUTH DESIGT	238. NAME	OF REGISTRAR	25C. FUNERAL I		DDRESS! hall
	IVVI	WILL A MARCH I	THE RESERVE THE PART OF A PERSON AND ADDRESS OF THE PART OF THE PA	71 0/ 1 // /	7 6 /	A CUI COLA A LA COLA



BIRTH NO.

(Type or Print)

M.E. CASE NO.

1. NAME OF DECEASED

VS 150-REV. 1/1/65

Such

BALTIMORE CITY HEALTH DEPARTMENT

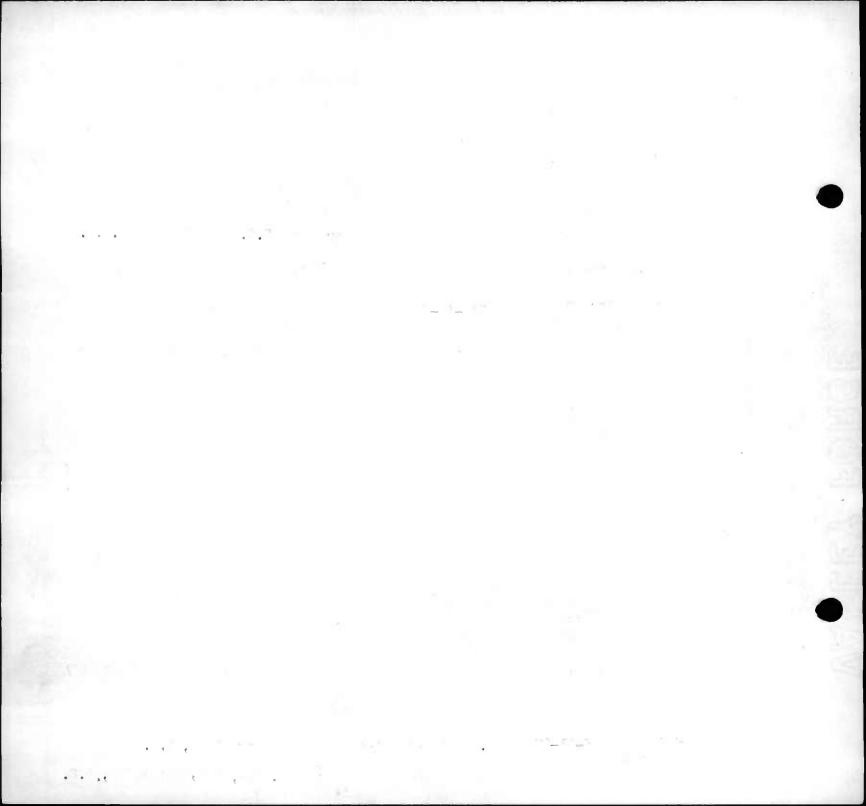
CERTIFICATE OF DEATH

Registered No.

If Under 24 Hrs.

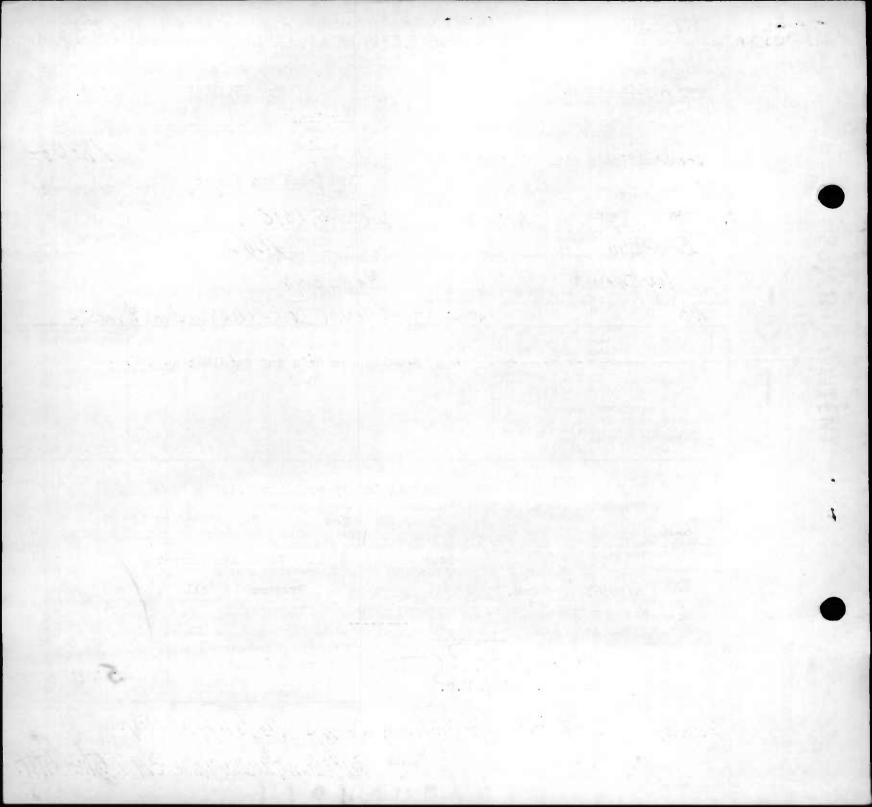
2. DATE AND HOUR OF DEATH

		0.150	001		BALTIMORE CITY	HEALTH DEPARTMENT		017 40	) ) )
	n 140.	67 4	901		CERTIFICA	TE OF DEATH	Registered Na	6/ 45	<i>1</i> .
	CASE NO.	EASED				2. DATE A	ND HOUR OF DEATH		
{Typ	e or Print)	MONA	OE	Bo	NDS	3	5/20/67	7.	45 AM
3. P	LACE OF DE	ATH IN BALTIA	AORE, MARYL	AND		4. USUAL RESIDENCE (Who A. STATE B. COUL	ere deceased lived. It ins	titution: residence befo	re odmission)
F	ULL NAME OF		n haspitol or in ar location)	nstitutian, gı	ve street	C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give towes	pip) vit
13	ń	1	, ,	4 1		D. STREET ADDRESS	rurol, give location)		UT
1	Sina	i H	ospii	lal		13/1 mg	adison		#17
5. \$	M	6. RACE		WIDOWED,	DIVORCED (specify)	6/23/30	9. AGE (In years last birthday)	Months Days Hou	Jnder 24 Hrs. Min.
		UPATION (Give				11. BYRTHPLACE (State or fare	eign country)	12. CITIZEN OF WHAT COUNTR	Y?
done		5 ASSI				Georgetown S	.C.	U.S.A.	
13.	FATHER'S NA					14. MOTHERS MAIDEN NA			
	Mood	row Wil	ຣດກ			Clara			
15.1	Nas Deceased	Ever in U. S.	Armed Forces	?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
{Yes	Yes	(If yes, give Kor	wor or dates o	f service)	SECURITY NO. 248-48-5782	WIFE,	_	SAME	
	1B. 45	6XI			CAUSE O	F DEATH		INTERVAL B	
	DISEA	SE OR COND		TLY	D.	OPER'S	1100-54		Ouths
	(This does	LEADING TO not mean the		100 00	(A) TOLY	ARTERITIS	NUDOJA	2 /	0,07703
	heart failure,	osthenia, etc nplication whi	. It meons the	e disease,	DUE 10 /				
		ANTECEDEN	CAUSES		(B)	***************************************			
	DISEASES	OR CONDITI	ONS, if ony	, giving	551.10				
		e obove co		aling the	(C)	y			
		- 11				· · · · · · · · · · · · · · · · · · ·			
ATION	TO THE D	FICANT CON EATH BUT CONDITION	NOT RELATE						
ICA		FOPERATION	198. CONDIT		HICH OPERATION	20A. AUTQPSY? (Yes or N			D
ERTIFIC	21		WAS PERFOR	MED		yes	IN CERTIFYING CAL	JSES OF DEATH?	
AL CE	OR CONTRIB	NT WAS UND	SEOF	218, home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	or obout 21C. WHERE DID	(If in Boltimore	City, give exact loca	tion)
DIC	21D. TIME	(Month) (D	ay) (Year) (!	Hour) 21E.	INJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?		
ME	(APPROX.)			Whil	e At Not Whil				
				Worl		- 1 2 /	67 .5	1001	/ 7
		_			e deceased from		19 6 / 10 3		1967
	that (I) (we	) last saw th	e deceased o	alive an	5/20	19.6.7and t	hat In(my) ( <u>aur)</u> apíi	nian death accurred	an the date
			uses stated	above. (1)	(We') (did) (did not) v	lew the bady after death.	•		
	23A. SIGNAT	O I	0		A 4 50 A 44	anding - Mad -	Staff -	238, DATE SIGNED	7
	C.	HId	alg	J	Phy		Staff Phys.	3/20/6	1
	23C. PHYSICIA	AN'S Typel	1-		_	23D. ADDRESS	1	/ /	
	EDL	ARDO	HI:	DAL		SINAI	HOSPIT.	AL	
24/	REMOVAL	MATION, 248	. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty, town, ar county)	(State)
	Burial		5-31-67	St	Paul Method	ist. C	eorgetown, S	.C.	
254	A. DATE REC'	AYEA22	1967 6	B. MAMERO	E Talleuma	25C. FUNERAL DIRECTO		ADDRES	
Vs	150-REV. 1/1/	/45		+		CANTERS . N.	Man . Come , dick	Transfourt Outs 2.	08

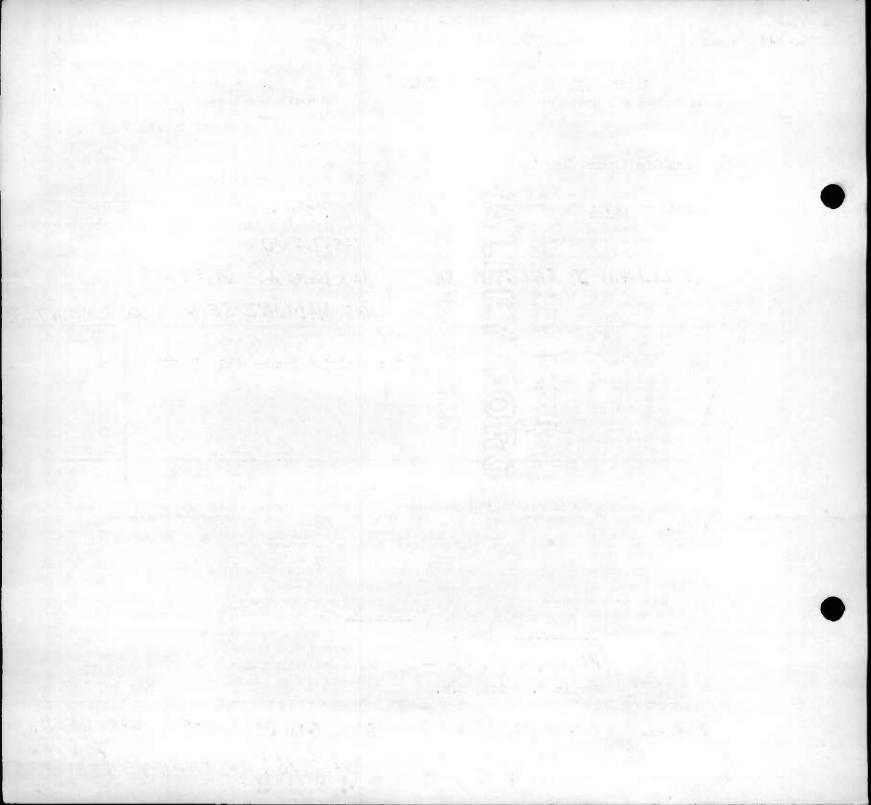


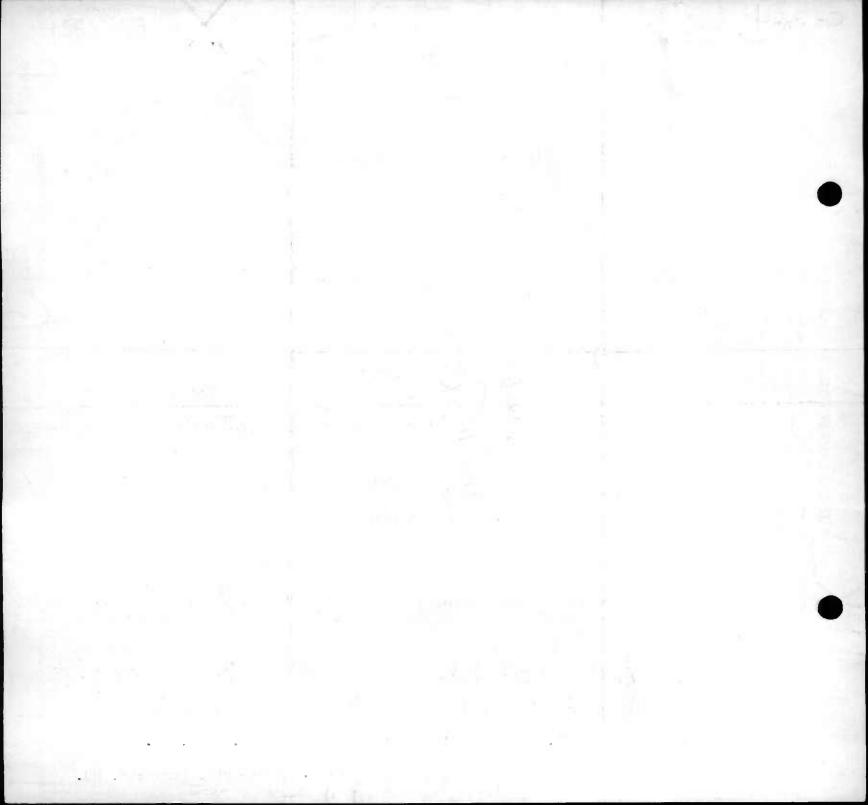
67	4000
No.O	4902

M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD			
Amelia Warren	May 15, 1967   12 P. M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township)			
INSTITUTION ADDRESS OF EGGETION	Baltimore 19-02			
Baltimore City Hospital	D. STREET ADDRESS (If rural, give location)			
TOTAL AND SERVICE	1120 Sarah Ann Street  8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.			
Female Negro WIDOWED, DIVORCED (specify)	Van 15, 1898 69 Months Days Hours Mrn.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	17 11. BIRTHPLACE (State of foreign Suphry) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	Valorana			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(res, na grunknawn) (III yes, give war ar dates at service)	A HENRY Tucker 1124 W. Sarnis tars St.			
18. — 9.0 4. Q CAUS	E OF DEATH			
DISEASE OR CONDITION DIRECTLY				
(This does not mean the mode of dying, e.g., DUF TO	nchopneumonia and purulent bronch tis			
injury or complication which caused death.)				
ANTECEDENT CAUSES (B)				
RISE TO THE ABOVE CAUSE (A) STATING THE				
(C)				
II CANADA SI CONDIGONAL CONTRIBUTIONS				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Cerebral	l injury probably fell			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED YES			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  home	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?  1120 Sarah Ann Street			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?  1120 Sarah Ann Street			
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	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Baltimore City Hospital  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDDWED, DIVORCED(specify)  Female Negro 10A. USUAL OCCUPATION (Give kind of wark done during host of working hige even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknawn) (If yes, give war ar dates of service)  18. CAUS  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foilure, ostherio, etc., It means the disease, injury ar complication which caused death.)  ANTECEPENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			



6	7 4903		BALTIMORE CITY HEA			67	4903	
BIRTH M.E.	NO. 67-05180 CASE NO.	MEDICAL EX	CAMINER'S C	ERTIFICAT	E OF DEATH Regis	torod No	1000	
1. NA	ME OF DECEASED  OF Print William	<i>T</i> . S	eigle JR.		2. DATE AND HOUR PRONOUN May 15, 1967	CED DEAD	8:50 P. M.	
3. PL/	ACE IN BALTIMORE, MARYL		JNCED DEAD	4. USUAL RESID	NCE(Where deceased lived. If in	stitution: resider		
HOSP	ITAL OR ADDRESS	HOSPITAL OR INSTITU	UTION, GIVE STREET		N (If autside corporate limits, w	ite RURAL ond	give tawnship)	
Franklin Square Hospital				Baltimore  D. STREET ADDRESS (If rural, give locotion)				
6	riankiin bquait	Hospical		323 Sou	th Mount Street			
5. SEX	Male White		NEVER MARRIED DIVORCED (specify)	2 mos.	last birthdoyl	Months, D	Yr. If Under 24 Hrs. oys Hours Min.	
done o	ISUAL OCCUPATION (Give k turing most of working life, even		F BUSINESS OR INDUSTR	MARYL	State or foreign country) AND	12. CITIZEN WHAT	OF COUNTRY?	
	WILLIAM	J. SEIGL	E SR.	BAR BA	RAA. WEE	MS		
	AS DECEASED EVER IN U.S no or unknown all yes, give w		116. SO CIAL SECURITY NO.	17. INFORMANT	DLINE SEIGL	Y DDKE22	S.MOUNTST	
CERTIFICATION	(This does not meon the heart foilure, asthenio, etc. injury or camplication which ANTECEDENT DISEASES OR CONDITIO RISE TO THE ABOVE CAU UNDERLYING CONDITIO  II OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION  A. DATE OF OPERATION	CAUSES NS, IF ANY, GIVING SE (A) STATING THE N LAST.  DITIONS CONTRIBUTION OF RELATED TO TO CAUSING IT.	HE Conge		ence of thymus gla  (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON		
MEDIC	IA, EXTERNAL CAUSE WAS NDERLYING OR CONTRIB- TING CAUSE OF DEATH. ID TIME (Month) (Do F INJURY APPROX.)	y) (Yeor) (Hour) 2	TE. INJURY OCCURRED	in or obout 21C. W office bldg., INJURY	HERE DID (If in Boltimore City, OCCUR?	give exact laca	stion)	
23A. REMO	BURIAL CREMATION, 238,	rner U. Spate AY 18-1967	Suicident Suicident M.C	CHIEF ME ASSISTANT ME ASSOCIATE M	EDICAL EXAMINER X EDICAL EXAMINER X EDICAL EXAMINER	May 1		
	MAY 22	1967 Role	5 E. FarbeyMI	WALT	ERS FUNERAL	HOME	STRICKER	
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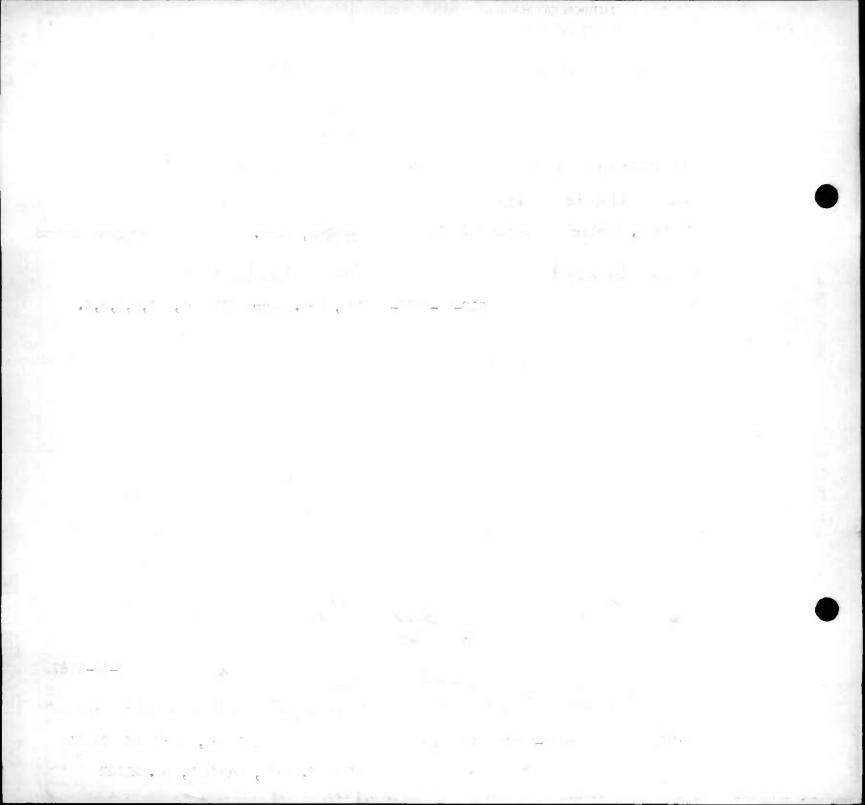
attend

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) /16/67 MARGARET R. I2 NOON 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission) B. COUNTY **FULL NAME OF** (If not in hospital or institution, give street BALTIMORE HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) BAYARD STREET 1202 BAYARD STREET mad B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy) 5/12/04 63 FEMALE WITTE WIDOWED 3/14/04 03 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? HOUSEW LOD HOME BALTIMORE MD. U.S.A 13. FATHER'S NAME UNKNOWN UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no qriunknown)(II yes, give wor or dates of service) SECURITY NO. JOHN McCUE I TO COUNTRY CLUB 0 1B. CAUSE OF DEATH INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenio, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES OLE DISEASES OR CONDITIONS, it ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) DEATH (notily medical examiner) etc.) MEDI obtained (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. and that in (my) (our) apinion death occurred an the date must and hour ond from the couses stated above. (1) (We) (did) (did-not) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Attending [ Med. Director M.D. Phys. approval 23D. ADDRESS ME (Type M.D. 24A. BURIAY CREMATION, 24B. DATE ACNAME OF CEMETERY OF CREMATORY 24D. LOCATION

25A. DATE REC'D NAHEALTH DERT LOUDEN PARK NATIONAL BALTIMORE MD. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR 237 PATAPSCO AVE VS 150-REV. 1/1/65

The manifest attack both

	000		BALTIMORE CITY	HEALTH DEPARTMENT		67 4906
BIRTH NO.	67 4900	D	CERTIFICA	TE OF DEATH	Registered Na.	07 4300
M.E. CASE NO. 1. NAME OF DECEA	SED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	001110	Mark		5/1	0/17	5: 50 P.
PLACE OF DEATH	H IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before odmission)
				A. STATE B. CO	UNTY	
FULL NAME OF	(II not in hospital or	institution, give	street	MACYLAND		X
HOSPITAL OR INSTITUTION	oddiess or location)			C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
14.3				Balt More		23-05
70				D. STREET ADDRESS	(If rurol, give location)	
South Bal	Himana Ger	ieral H	ospital	1005 Her	ndon C	-,
5. SEX 6.	RACE 7.	. MARRIED, NEV		8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. , If Under 24 Hrs.
m 1	i(1 ) -	WIDOWED, DIV	VORCED (specify)	2-19 1566	lost birthdoy)	Months Doys Hours Min.
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	rking lile, even if retired)	78, KIND OF 803	INESS OR INDUSTRE	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Porter	Tower Bui	lding	BOSTON, MASS	5.	MINITED STATES
3. FATHER'S NAME				14. MOTHER'S MAIDEN N		111199
- 1	0 11 )			1	1 1-	
tred	Gilbert			) ANE She	Nock	
5. Was Deceased Ev Yes, no or unknown) (1)	ver in U. S. Armed Force I yes, give wor or dotes	s? 16.:	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	,			Wife, Mrs. Lat	me Gilbert.	#4.a.b.c.d.
18. 2 1 1 0	/ .			F DEATH	,	INTERVAL BETWEEN
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heart loilure, as	sthenia, etc. It meons th	he disease,	200 10	han's	Longla	
injury or compli	icolion which caused d	eath.)		OLIVAL LOOS		
AN	RTECEDENT CAUSES		(B)	DOYTOLLO.		- Comment
DISEASES OR	CONDITIONS, if an	ıy, giving		ete	-u Lae	3
	obove couse (A) s	lating the	(C)			
UNDERLING	CONDITION last.					
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OTHER SIGNIFIC	CANT CONDITIONS CO ATH BUT NOT RELATI	NTRIBUTING ED TO THE				
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OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF O	PERATION 198. CONDI	ITION FOR WHIC	H OPERATION		IN CERTIFYING CA	FINDINGS CONSIDERED
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OR CONTRIBITO	WAS UNDERLYING NG CAUSE OF	21B. PLA	CE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
<b>▼ DEATH</b> (notily m	redical examiner)	etc.)	,,,			
21 D. TIME	Month) (Doy) (Year)	(Hour) 21 E. INJI	URY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
< OL HAJOKI	,	While At				
(APPROX)		Work	At Work			
22. I certify th	nat 🕅 (this haspital)	attended the de	eceased fram	5-18	19 67 ta	5-19 1967
that Oth (we) Is	ist saw the deceased	alive an	5-19	19 67 and	that in (my) (and) an	inion death accurred on the da
1					_	and a second of the da
	A	a abave. (1) (%)	e) (did) (did not)	view the bady after deat	h.	
23A. SIGNATURE	Redd	i /2	1			23B. DATE SIGNED
	1 with	11000	M.D. Att.	ending Med.  Director	Stoff Phys.	5-19-1967
23C. PHYSICIAN	5 0 1	0		23D. ADDRESS		
NAME (Type	El Lat	M horsis	~ M.D.	E 1 11 .1	10.0	-1101 1
NA BURIOL STORY	1 100	1 5000		3.15. D. H.	1213 1	19ht Street
REMOVAL (Spe	ation, 248. DATE	24C, NAME	of CEMITERY of CR	EMATORY 24D.	LOCATION	rity, town, or county) (Stole)
Burial	May 22-	1967 0:	ik Lawm	B	ltimore, Man	yland 21224
SA. DATE REC'D			GISTRAR	25C. FUNERAL DIRECT		ADDRESS
lVI.	AI ZZ 196/ (	Robert &	, tarber MA	John J. Dud	, Dundalk, l	Md. 21222
/S 150 BEN/ 1/1///		7. 7		JULIA DE DUCA	-y	
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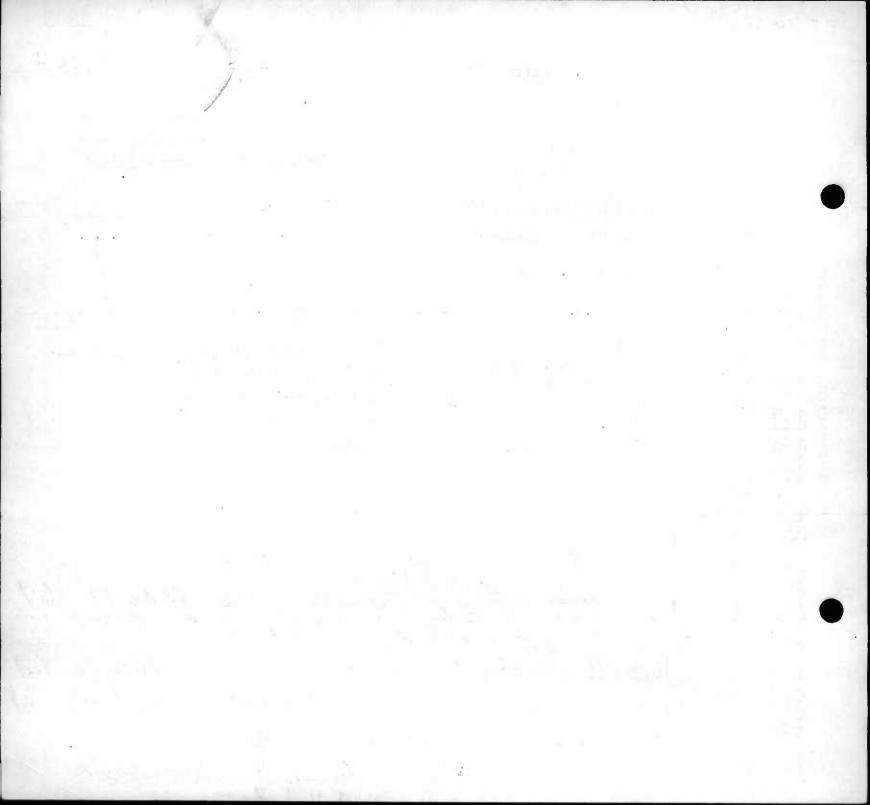


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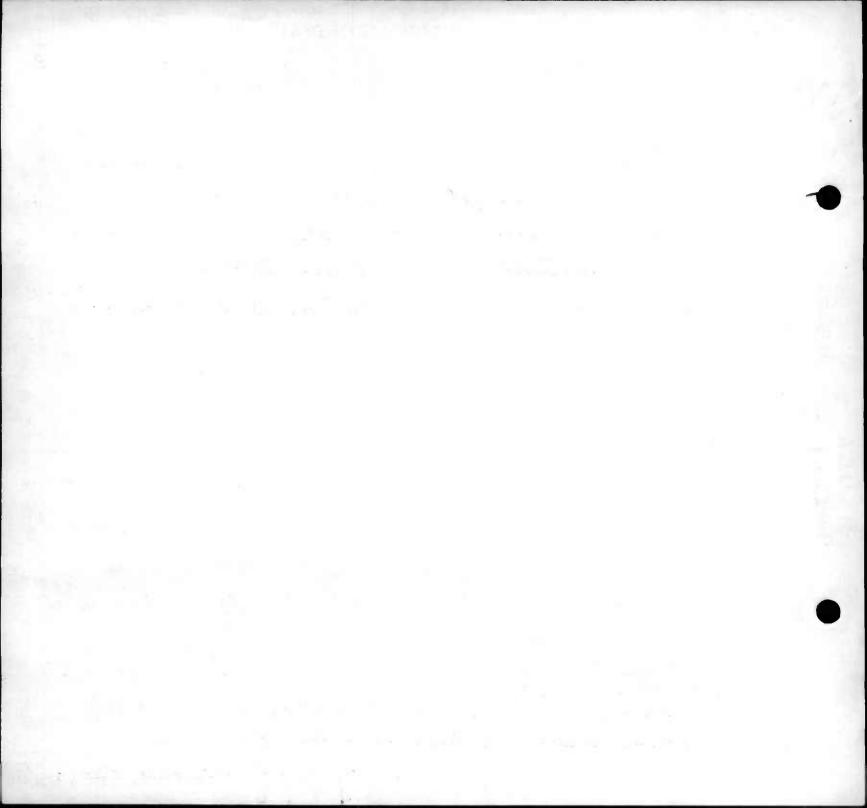
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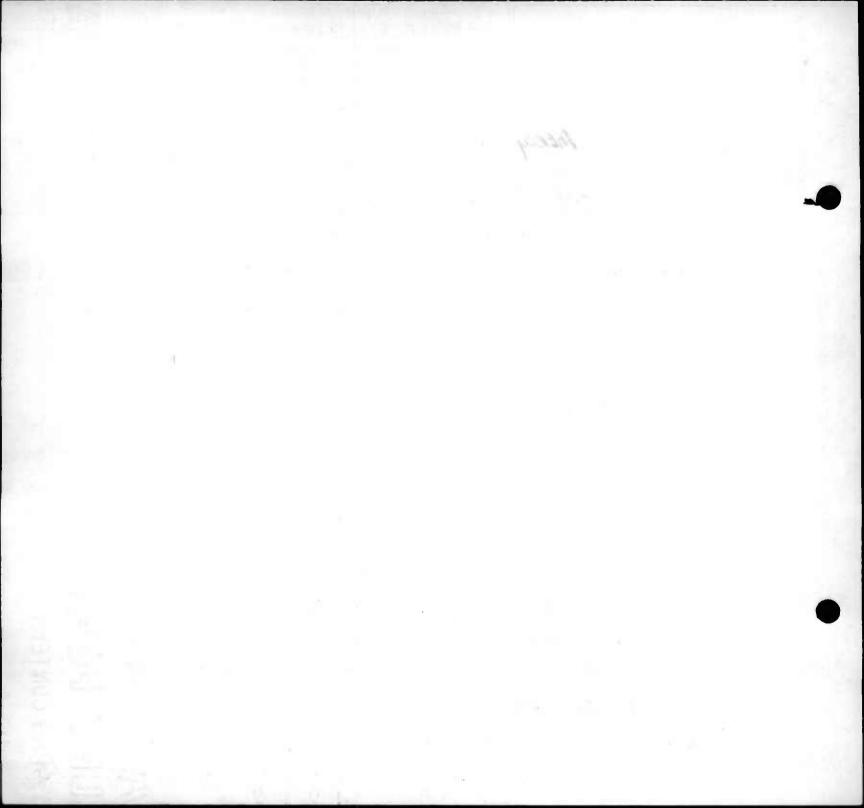
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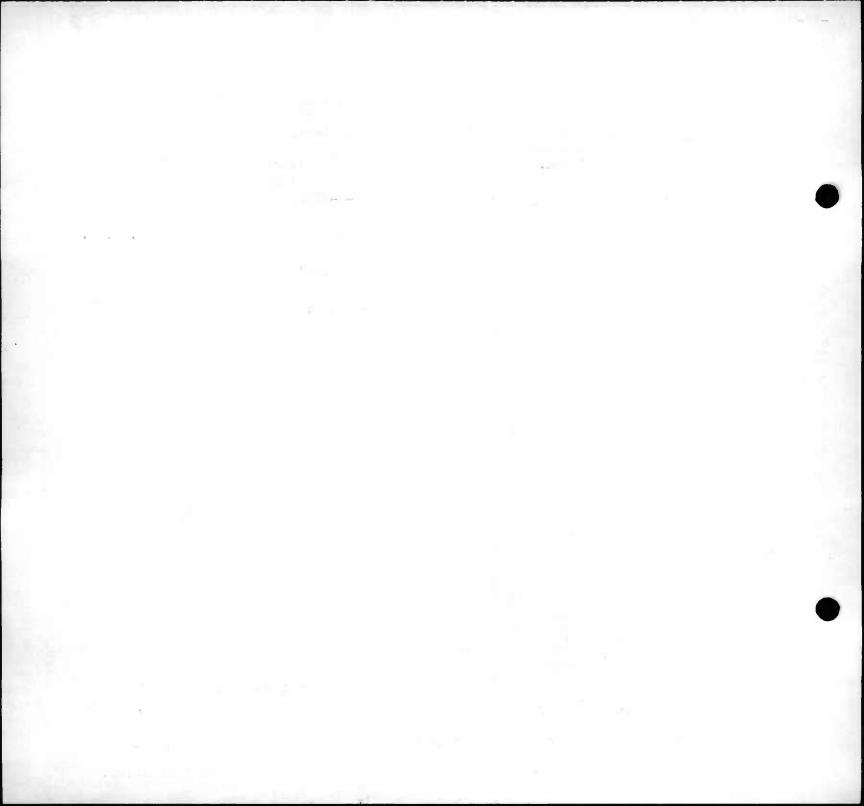


-5-1/		67 4909	BALTIMORE CITY	HEALTH DEPARTMENT	67 4909
- 2002 BED 0 E		H NO.	CERTIFICA	TE OF DEATH Registered No	01 4303
the set	1, N	CASE NO.  AME OF DECEASED		2. DATE AND HOUR OF DEATH	20 1
de de de s	(Тур	e or Print) A NNA E.	SNYDER	MAY 16.191	27 8. 20 PM.
De of	3. F	LACE OF DEATH IN BALTIMORE, MARYLAI	ND	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
Se Se dec dec		ULL NAME OF (If not in hospital or ins	titution, give street	MD.	
a de		OSPITAL OR oddress or location)  4STITUTION		C. CLEY OR TOWN (If outside city limits, write R	URAL and give township)
ng caus	10	1 - 3 - 5	1/	D. STREET ADDRESS (If rurol, give locotion)	1
ed co	-	PONTEBELLO STA	TE HOSPITAL	3207 ECHODALE	AVE
trib min gul sed	5, 5	E W	HARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
con con con re- ced		USUAL OCCUPATION (Give kind of work 108.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
if death set or c t) Undet was in the dec		CLERK Z	CHARTMENT STAKE.	ND.	U.J.A.
t d ct ct X a c be	13.	TATHER'S NAME		14. MOTHER'S MAIDEN NAME	
dire		WILLIAM DNY		LOUISA OMPTEDA	
istar he o kind deat ce o nal o		Vos Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of	service)   1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 2121P
8 + 7 _ 5 4	_	No -		WM. JNYDER, JR. 1311 WWW.	
s a if if any any and and a		DISEASE OF CONDITION DIRECTL	CAUSE O	F DEATH	ONSET AND DEATH
Also oun oun ned		LEADING TO DEATH	(4)	REBRAL HROMBOSI	s 2 Mos.
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chi Bo th th rysi	ERTIF	WAS PERFORM		TES NO	
the all by (2) ere o ph	AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about ZTC. WHERE DID (II in Baltimore ffice bldg., INJURY OCCUR?	City, give exact location)
d Krait	DIC	21D. TIME (Month) (Doy) (Year) (Ha	our) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
hos natu ept d (6)	¥	OF INJURY (A PPROX.)	While At Not While Work At Work		
SSYXEP		22. I certify that (1) (this hospital) att		MAY 15 19 67.10	MAY 16 1967.
app to the of an al (e al (b); c		that (M) (we) last saw the deceased al	ive an NAY	6 19 6 and that in (my) (our) apir	ian death accurred an the date
M —		and haur and from the causes stated a	bave (H) (We) (did) (did not) v	iew the bady after death.	
must be eleased crident hospit to deat		23A. SIGNATURE	M.D. AHE	ending Med. Stoff Phys.	MAY 16 17
a to		23C. PHYSICIAN'S		s. Director Phys. Phys. 23D. ADDRESS	1141 10,6)
y was rely y was rely (1) An acc ).A. at a ly d prior to		NAME (Type)	APED CTEIN/M.D.	M. 1-	E HOSP BALTO, MA
Y W	24	BURIAL CREMATION, 248. DATE REMOVAL (Specify)			y, town, or caunty) (State)
is certificate body was owe: (1) An IS D.O.A. at ceased pricition appropriet		BURIAL 5-20-67	NoT. CARMEL CO	EMETER BALTO., M.	D.
his how how as a cee	25A		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR  CLURICH FONERAL HO	ADDRESS
F = 2 3 0 3		ווותו ממ וחווו	ub E. FalleyMA	ULLIKICH FUNERAL HO	WE, DHITIMORE, MD





42-98-93 14	4	67	4911		HEALTH DEPARTMENT		67 4911
FR PEDES	M.	TH NO.	XOLA.	CERTIFICA	TE OF DEATH	Registered Na	77 202
ea as → Su	1.1	IAME OF DECEASED	/ 2	11	2. DATE AN	D HOUR OF DEATH	1220
- D 90 C .		PLACE OF DEATH IN BALTI	na Ke	lles	9/,	18/61	10 PM.
of of other	3.	PLACE OF DEATH IN BALTI	MORE MARTLAND		A. STATE B. COUN	e deceased lived. II ins TY	titution; residence before odmission)
hos Se (5) an de	11	HOSPITAL OR oddres	in hospital or institution s or location)	n, give street	Maryland	side city limits, write RU	JRAL and give township)
	'	nstitution Balti	more City Ho	ospitals	Baltimore	,	26-12
ed in ting d cau r atte prior		2/ 4940	Eastern Aver	nue	D. STREET ADDRESS (If	rural, give location)	
9 + 5 - 6	1	Balt	imore, Mary		4940 Eastern A	venue 212	24
occurred in ontributing ermined carregular at regular at eased prior is made.	5.	Female Whit	WIDOW	D, NEVER MARRIED (ED, DIVORCED (specify) Cried	B. DATE OF BIRTH 1886	9. AGE (In yeors lost birthdoy)	If Under ? Yr. If Under 24 Hrs. Months Days Hours Min.
o o o o o o o o o o o o o o o o o o o	11 '				11. BIRTHPLACE (Stote or forei		12. CITIZEN OF
dete dete in r	don	e during most of working life, eve				,	WHAT COUNTRY?
deat Cunde as in		t home			Maryland  14. MOTHER'S MAIDEN NAM	AE	U. S. A.
if deat rect or (4) Unde was ir the de							
The dist		August Ehoff			Don't know	V	
TAN: istant he din cind; death re on	(Ye	Was Deceased Ever in U. S. s,no or unknown) (If yes, give	wor or dotes of service	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
Ssista the the kinc dea nce o		NO			RECORDS:BCH 494	O Eastern A	venue 21224
O 34 000		1B.	+260X	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
his of an order of an order or		DISEASE OR CONT		•	D .O	// .	
0 4 4 5 0 5		(This does not mean the		(A) DUE TO	Mesp In	sufficen	1
iner ner. actur pror		heart failure, asthenia, etc		e,			
CTOR: caminer aminer. A fractu Who pro		ANTECEDEN		(B)	neunone	~	3 who
Xam Xam Qamii A fri who regu		DISEASES OR CONDITI		DUE TO /			
m 9 x 2 5 5		rise to the above c	ause (A) staling th				***************************************
= = ~ ;		UNDERLYING CONDITIO	N lost.				
= 0 E = 2 9	Z	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG .		-	
ESTEF	ATIO	TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	THE D.M	ASCV.	0	
m 0 - 5 0 0 E	10	19A. DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
FUN by a 2) Boo 2) Boo physi	ERTIFI	2			YES	YES	
T 574 505	0	21A. ACCIDENT WAS UNE OR CONTRIBUTING CAU DEATH (notify medical exon	JSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
トキッチェー	110	ļ		tc.)			
hospinatures (6) (6) (6)	MED	21 D. TIME (Month) (D OF INJURY		TE. INJURY ÖCCURRED  While At Not While	21F. HOW DID INJ	URY OCCUR?	
> = % 0 0		(APPROX.)		Vork At Work			
				the deceased fram		965 10 5	118 1967.
		that (1) (we) last saw th	e deceased alive an	3//8	19 6 7 and the	at in (my) (our) opin	ian death accurred an the date
0 -		and haur and fram the c	auses stated abave	(I) (We) (did) (did nat) v	iew the body after death.		
ust be eased ident hospit o deat		23A. SIGNATURE	tl. 11.00	1			23B, DATE SIGNED
must eleas ccide a hos to de		Judil	n Hall			Stoff Phys.	5/18/61
		23C. PHYSICIAN'S NAME (Type)		[2	3D. ADDRESS Baltimore	e City Mospi	tals
rificate my was rel (1) An acc (2) A. at a by d prior to approval		Dr. Jud	dith Mall	M.D.	4940 Eastern Ay	enue Baltimo	re, Maryland 2122
certificate body was 1 vs: (1) An a D.O.A. at ased prior	244	REMOVAL (Specify)	3. DATE 24C.	NAME of CEMETERY OF CRE			, town, or county) (Stote)
Cer Vs: Vs:		Burial 5/	22/67	Moreland Memor:	lal Park	Parkville,	Md.
This certif the body shows: (1) was D.O./ deceased written a	25/	DATE REC'DINHEAST	DENTS 7 258. NAME	of pegistman Calcula	25C. FUNERAL DIRECTOR		ADDRESS
K & & & & &			7600	v - , vanceing	Ulrich Funer	al Home Dund	lalk,Md.

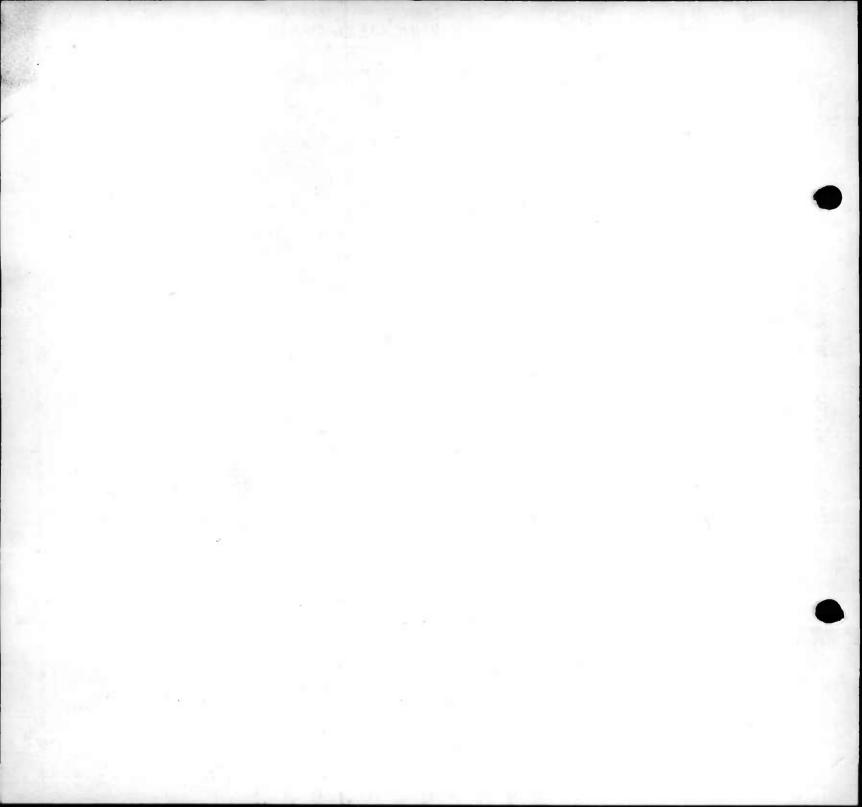


BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD 8:30 P. M. CHARLES E. JANUARY May 19, 1967 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) 1115 Durst Street 1115 Durst Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birth dov Months, Doys, Hours, Min. 63 Male White 177 TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) 0 EWEK 3. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 260192 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 7. INFORMAN Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 0 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of lung (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ö No 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIBhome, form, foctory, street, office bldg., INJURY OCCUR? MEDI UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Hour) (Yeor) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. I certify that I held an Inquiry Inspection X Autapsy and that on this basis, death in my apinian resulted fram: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S May 20, 1967 NAME (Type) 23A. BURIAL CREMATION, 23C. NAME & CEMETERY OF CREMATORY 238. DAT 23 D. LOCATION (City, town, or county) REMOVAL (Specify) ouden 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

0

Sieven de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrata del contrata de

67 4042	BALTIMORE CITY	HEALTH DEPARTMENT	67	4010 L
BIRTH NO. 67-08844	CERTIFICA	TE OF DEATH Regis	stered No.	4313
M.E. CASE NO.	01 1	2. DATE AND HOUR	OF DEATH	
(Type or Print) Baby Boy	Christic	in May	17,1967	11: 40 Pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dedease A. STATE B. COUNTY	ed lived. It institution: resid	ence before admission)
FULL NAME OF (If not in haspital or institution, and oddress or location)	give street	Maryland		0
INSTITUTION	of Baltimo		limits, write RURAL and gi	re tournhip)
1 1 103 pila	of Dalling	D. STREET ADDRESS (It rural, give	lacotion)	
		3902 Bon		21216
WIDOWED WIDOWED	NEVER MARRIED ), DIVORCED (specify) May Vyla	B. DATE OF BIRTH  5 8 6 7   9. AGE (fr. lost birthdo	n yeors If Under I Months Do	Yr. If Under 24 Hrs. ys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (Stole or foreign country	12. CITIZEN	OF COUNTRY2
Infant		Mary land		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Cuther Christian		Ethel Yer		
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT	,	DORESS
ND		Mr. Lather Christia	n 3902	BONNEY Ka
DISEASE OR CONDITION DIRECTLY	CAUSE O	FDEATH		SET AND DEATH
LEADING TO DEATH	(A)	rematurity		9 days
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO	J	~ 0 0 0 7 7 0 7 0 0 0 0 0 0 0 0 0 0 0 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(C)			
UNDERLYING CONDITION last.	(0)			## \$70 # 80 *** \$70 # 8 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 *
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Ruptui	ted Stomach	3	5 days
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF IN CER	YES, WERE FINDINGS CO	NSIDERED
5 Dontaneo	45 cupture of st	o mack	If in Baltimare City, give cr	
OR CONTRIBUTING CAUSE OF hom DEATH (natify medical examiner)	e, farm, foctory, street, a	n ar about 21 C. WHERE DID (I ffice bldg., INJURY OCCUR?	i ili valilliare city, give ci	taci lacanan
□ OF INJURY	INJURY OCCURRED	21 F. HOW DID INJURY OCC	UR?	
(APPROX)			00	1.0
22. I certify that (I) (this hospital) ottended the		Max 8 1967	10 May 1	19.0
that (1) (we) lost sow the deceased alive on	31187 13		(our) opinion deoth e	ccurred on the dote
ond hour ond from the couses stoted obove. (I	) (We) (did) (did not)	riew the body ofter deoth.	23B. DATE S	IGNED
Alla 1 Morr	Phy		Mai	17.1967
23 C. PHYSICIAN'S NAME (Types 1) Can I Mo	nfried M.D.	Sirvi Hospit	al of Bat	timore
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CR	EMATORY 240 LOCATION	(City, town, or co	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Burial 5-19-67 HH	· AUDURN	Cem. BAlto.		Id.
25A. DATE REQUALHEALTH DERLY 25B NAME C	RECHSTRAR	25C. FUNERAL DIRECTOR	11 100	DDRESS
VE 150 854 10/65	- 1 County and	Turtune DyeH F.	H 17012	AURENS
VS 150-REV. 1/1/65	7 0 0	0 4 9 2 2		



BAL	TIMORE	CITY	HEAL'	TH DE	PART	MEN

## 4914 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

my	A	0	19	13
. /	4	J	L	4.2

M.E.	CASE	NO.
141. E	CASE	140.

1. NAME OF DECEASED HOLCOMDE

2. DATE AND HOUR PRONOUNCED DEAD

Lauretta 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Halcombe

May 16, 1967

9:10 A.

FULL NAME OF HOSPITAL OR

1B.

NO

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
Maryland

C. CITY OR TOWN (If autside carporate limits, write RURAL and give tawnship)

0

Baltimore

ONSET AND DEATH

UNION MEMORIAL HOSPITAL

D. STREET ADDRESS (If rural, give location) 4409 Ivanhoe Avenue

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)

B. DATE OF BIRTH

9. AGE (In years If Under 1 Yr. If Under 24 Hrs. last birthday! Months , Days , Haurs , Min.

Female Negro

10A, USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

done during most of working life, even if retired)

14. MOTHER'S MAIDEN NAME

CAUSE OF DEATH

OMD S. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO. 7. INFORMANT

ADDRESS

(Yes, no apunknawn), (If yes, give war ar dates of service)

(A) Hypertensive Cardiovascular Disease

INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C).....

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

CERTIFICAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes at Na) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location) hame, farm, factory, street, office bldg., INJURY OCCUR?

21 D TIME OF INJURY

ACTUAL

m. WORK

21E. INJURY OCCURRED WHILE AT NOT WHILE 21 F. HOW DID INJURY OCCUR?

22.

(APPROX.)

1 certify that I held an Inquiry

Autopsy X Inspection

Suicide

and that on this basis, death in my apinlan

Undetermined manner

resulted from: Natural causes X Accident

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

SIGNATURE EXAMINER'S D. Werner U. Spitz, NAME (Type)

ASSOCIATE MEDICAL EXAMINER

5/16/67

23A. BURIAL CREMATION, 23B, DATE REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION , md

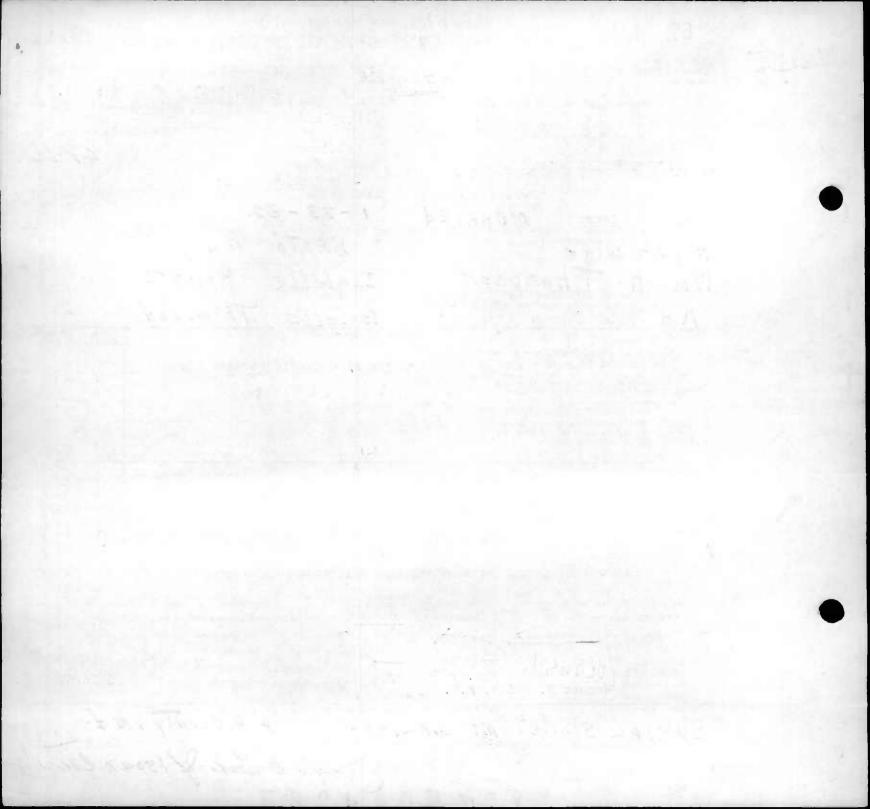
24A, DATE REC'D BY HEALTH DEPT.

24B NAME OF REGISTRAR

4C. FUNERAL DIRECTOR

ADDRESS

VS 151-REV. 1/1/65



1	67 4915 BALTIMORE CITY HEALTH DEPARTMENT 67 4915
C-142	BIRTH NO. 4915  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 4915
10	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD
	MAMTE CAPLES 5-16-67 7:00 PM M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
	Maryland
	HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	2328 EUTAW PLACE - Amb. Crew #1  Baltimore  D. STREET ADDRESS (If rurol, give locotion)
	2328 Eutaw Place 21217
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify). B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months, Doys, Hours, Min.
	Female Colored AMA ANAL SUPPLIAGE (Stote of foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)  MAIT! (AND - WHAT COUNTRY?
	13. FATHER'S NAME
	appe Clemone Prise ?
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown), (If yes, give war or doles of service) SECURITY NO.
	118. CAUSE OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) Carcinoma of maxillary sinus with metastases
	(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,
	injury or complication which coused death.)
	ANTECEDENT CAUSES  (B)
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE
	UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 10B (Page 1987) 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.)   WHILE AT   NOT WHILE
	resulted from: Notural causes of Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER X DATE SIGNED
	SIGNATURE
	EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.  ASSOCIATE MEDICAL EXAMINER  5-17-07
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 5/2/107 Vaterward Station Com U/a Section N. Pareline
	24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR   24C. FUNERAL DIRECTOR ADDRESS
	MAY 22 1967 Robert E. Farleyna Earl Gelmore 1827 W. North Go
	N. C.

and works the long Kestle Caraline in insurable ... il O Characus Borte ? The Refuglisher 2326 atom To Engral of the Uter orthoton Con Waleston R. Cons Sit Glover Har Maken

Den Secretes of event 1 some 1 sec. AKC 6 FREDERICE White INFANT 5-16-67 Massaflored I El RED Rebector DAMES Charles (morner) Branch March 1988 Don Se court Heggine

00 404	BALTIMORE CIT	TY HEALTH DEPARTMENT	ET ADAIS
IRTH NO. 67 4917	CERTIFICA	ATE OF DEATH Registered No.	07 4917
A.E. CASE NO.  NAME OF DECEASED  Type or Printle MILLER, JOH	N JACOB	2. DATE AND HOUR OF DEATH	
PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY  MARYLAND 2L229	
FULL NAME OF (If not in hospital of oddress or location in hospital or oddress or location.	r institution, give street	C. CITY OR TOWN ((f outside city limits, write	RURAL and give township
HO WILKENS	S HOSPITAL & CATON AVES.	D. STREET ADDRESS (If rurol, give locotion)	20-08
BALTO.,M		276 SO LOUDON AVE.	
MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	06-14-89 9. AGE (In years lost birthdoy)	(f Under 1 Yr. (f Under 24 Hrs Months: Doys Hours Min.
CUSTODIAN	RAIL ROAD	BALTO., MD.	12. CITIZEN OF WHAT COUNTRY?
GEORGE B. Miller	DEC <sup>®</sup> D	ANNA Keller	DEC D
5. Was Deceased Ever in U. S. Armed Ford (es, no ar unknown) (If yes, give war or date: NO	es? 16. SOCIAL SECURITY NO.	ST.AGNES HOSPT - WILKEN	NS & CATON AVES.
18. 20431		OF DEATH BRAIN DAMAGE AND	INTERVAL BETWEEN ONSET AND DEATH
DISEASÉ OR CONDITION DIR LEADING TO DEATH	ECTLY	ENTEHIN CONVULSION	< tometh
(This does not mean the made of heart failure, asthenia, etc. It means			
injury ar camplication which coused	dogth )	TE MIELOCITIC LEUKEMIA	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if coise to the above cause (A) UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	ILD IO IIIL	SIBLE SEPTISEMINA	
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ore City, give exact locotion)
21D. TIME (Month) (Doy) (Year)  OF INJURY	(Hour 21E INJURY OCCURRED  While At Not W	21F. HOW DID INJURY OCCUR?	
(AFFROL)	Work L At Wo	rk 🗀	\\\17 6-
22. I certify that (X) (this hospital)		MAY 03, 19 67, M	/ )
that (X (we) lost sow the decease		77	inion death occurred on the do
ond hour ond from the causes stat	ed obove. N() (We) (did) (XiX XoX)	view the body ofter deoth.	23B, DATE SIGNED
legram	M.D. A	Med. Stoff Phys.	23.6 0.711 3.01110
23C. PHYSICIAN'S NAME (Typel	Riving	23D. ADDRESS	DAI 70 MD 01000
Gabriela 4A. BURIAL CREMATION, 124B. DATE	Draun M.E	ST. AGNES HUBBITAL -	BALTO., MD.21229 City, town, or county) (Stote)
REMOVAL (Specify)		72.74	
25A. DATE REC'DIANALE 201967	1967 Loudon Park Ce	25C. FUNERAL DIRECTOR	ADDRESS
/S 150-REV. 1/1/65	76700	G. ITalian Schwab JJ12 F1	COGLION WAR DGTOO.

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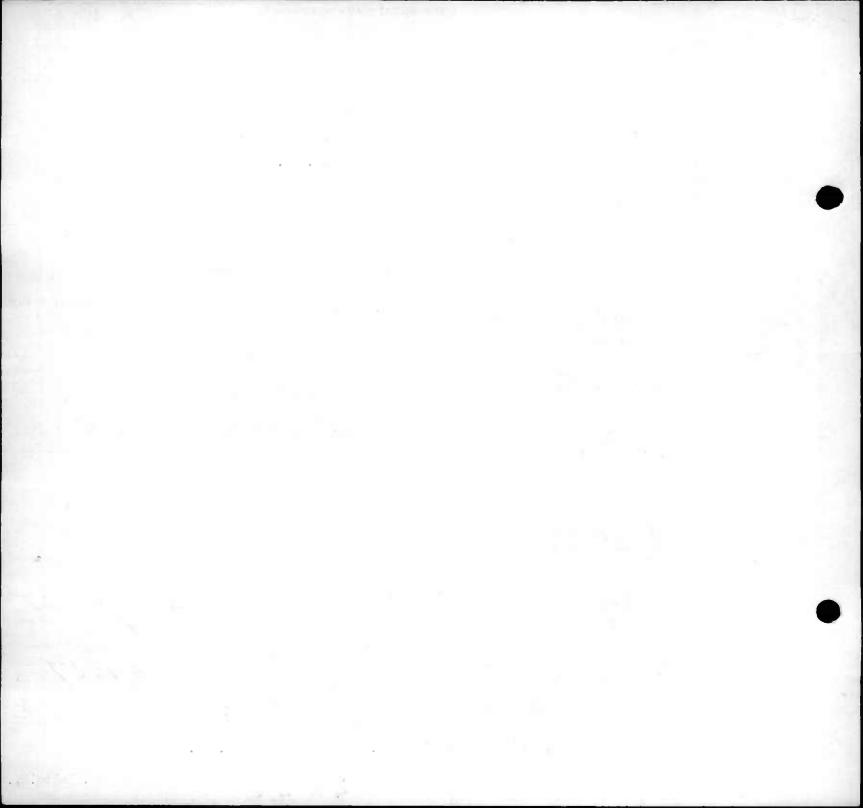
. greened straws 5715 3JAM

CETTERIA · MIS .... MILYTI, No.

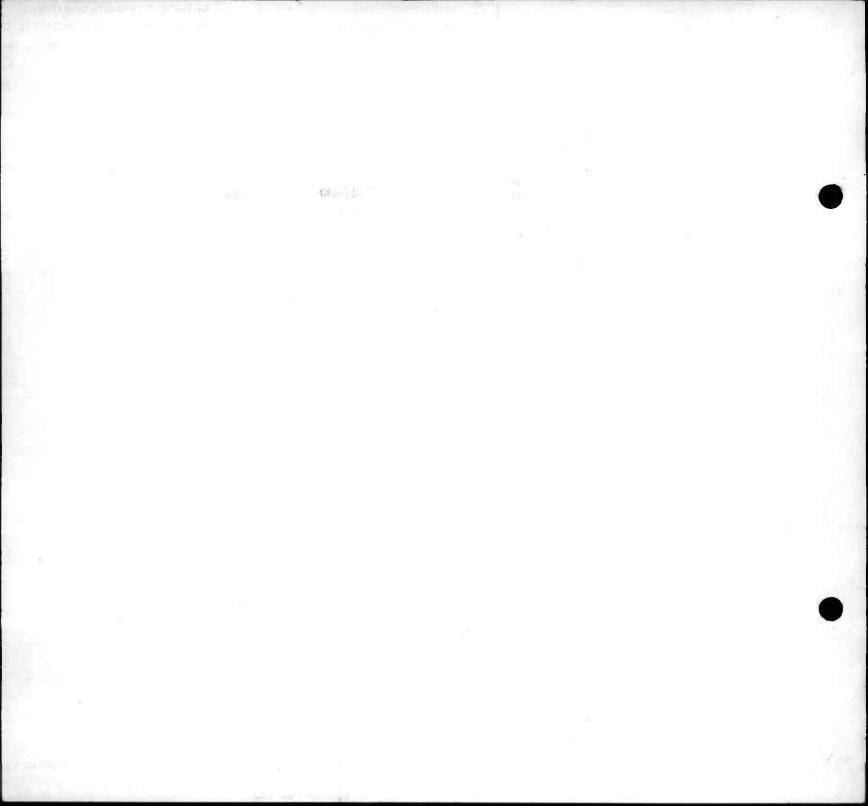
30,90 po

VS 150-REV. 1/1/65

		67 4918	BALTIMORE CITY	HEALTH DEPARTMENT		67 4918
7		TH NO.	CERTIFICA	TE OF DEATH	Registered No	07 4310
	1. N	E CASE NO.	1	2. DATE AND	HOUR OF DEATH	. 5
		1. R Frederick	Kirschke	5	116/67	1- Cm. M.
	3. P	PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence before admission)
			or institution, give street		Ito City	
		NSTITUTION ALABUAT	on House Inc	2	- 1	RAL and give township)
			N. HILTMRd		ye de V( c/c	Ove. 20-07
			alto 15, md	Balto. Md.		
	5. S		7. MARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yı. , II Under 24 Hrs. Months: Doys Hours Min.
		m W	WIDOWED, DIVORCED (specify)	4/28/1888	st birthdoy) 79	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of wor	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
2	Gome	Guard	Distillery	Balto, n	id.	USA.
2	1	FATHER'S NAME	V	14. MOTHER'S MAIDEN NAM		
2	(	charles Trivic	hke	minnie W.	gume!	Gunal
3	1 S. V	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (II yes, give war or date	ices? 16. SOCIAL	17. INFORMANT	<i>y</i>	ADDRESS
	1000	sino of officiowin the yes, give wor or don	218-01-6368	- mary Isle	in RN.	3520 N. HILT.
		1B. 120 1	CAUSE O	,		INTERVAL BETWEEN
3		DISEASE OR CONDITION DI	RECTLY	10	0 1 .	ONSET AND DEATH
D		LEADING TO DEATH	dying, e.g., DUF TO	raideal s	infarcle	M
20		heart failure, asthenia, etc. Il means	the disease,	Thy pertur		147
		ANTECEDENT CAUSES		Thy perture	en'	
D D		DISEASES OR CONDITIONS, if	DUE TO	0/1/0	20	000
5		rise to the obove couse (A)		11 Bundle	I granel	Blich
				/		
E	Z	OTHER SIGNIFICANT CONDITIONS				
	ATION	TO THE DEATH BUT NOT REL				
TILL	CERTIFIC	19A. DATE OF OPERATION 198. CON	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FILL	NDINGS CONSIDERED SES OF DEATH?
910	CERT	21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g., in	or chaut 21 C WHERE DID	(If in Rollimore	City, give exact location)
5	AL C	CO CONTRIBUTION CONTRIBUTION OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	Significa ut in	City, give exoct loconon/
0	0	21 D. TIME (Month) (Doy) (Year)	The second secon	21F. HOW DID INJU	8× 0.551182	
b	ME	OF INJURY (APPROX.)	White At Not While		KI OCCOK.	
			Work Al Work		14 0	Marilla
0			I) attended the deceased fram			
0			ed alive on		f in (my) (our) opini	on death occurred on the date
UST		23A. SIGNATURE	oted obove. (I) (We) (did) (did not) v	lew the body after deoth.		23B, DATE SIGNED
Ē		Totala	Leahn M.D. Atte	nding Med.	toll [	5/1/17
5		23C. PHYSICIAN'S		23D. ADDRESS	'hy s. 🔲	2/166/
2		NAME (Type)	A CALLAL M.D.	2145/13	alt di	
n Acaden	24A	A. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (State)
		REMOVAL (Specify) Burial May 19.	1967 Cedar Hill Cem	73	74- 16-3	
	2SA	A. DATE REC'D BY HEALTH DEPT.	1967 Cedar Hill Cem	2SC. FUNERAL DIRECTOR	lto. Md.	ADDRESS
-		MAY 22 1967	R. D. B. E. Farkuna	G. Truman Schw	ab 3512 Fred	erick Ave. Balto.Md



	CIT AGAG		BALTIMORE CITY	HEALTH DEPARTMENT		67 4919	
BIRTH NO.	67 4919	9	CERTIFICA	TE OF DEATH	Registered No	07 4919	
M.E. CASE NO.	CEASED			2. DATE A	ND HOUR OF DEATH		
(Type or Print)	ALICE J	I	HOLMES	5-15-	-1967	6:00 P. M	
3. PLACE OF DE	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: residence before admission)	
FULL NAME (			give street	A. STATE B. COU MARYLAND	NTY		
HOSPITAL OR					utside city limits, write	RURAL ond give township)	
	1725 North			BALTIMORE		8-06	
00	Baltimore,	Maryland	1 21213	D. STREET ADDRESS (1725 North Bro	f rurol, give locotion)		
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
female	Colored	Wide		7-27-00	lost birthdoy) 66	Months Doys Hours Min,	
	CUPATION (Give kind of wor f working life, even if retired)	I IOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Housew		house	ewife	Crewe, Virgini	а	U.S.A.	
13. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA			
Gabrie	l Jennings			Mary Cryor			
S. Wos Deceoses	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no	The year, give wer or our	cs of services	SECORITI NO.	George L. Moon	re 1725 N. Bi	coadway 21213	
18. 4- 6	Z = VI		CAUSE O			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DI	RECTLY	7/	T. Ch.	-/ 5.	ONSET AND DEATH	
	LEADING TO DEATH		(A) /44/	Exceptant (17)	ACO NAS. D	is Smil years.	
heart failure,	not mean the made of , oslhenio, elc. It means mplication which caused	the diseose,			100 FF 800 wa ve 400 PP and 1000 v. 10 avec access access 10		
	ANTECEDENT CAUSES (B)						
DISEASES	DISEASES OR CONDITIONS, if ony, giving						
rise to th	he obave couse (A)		(C)				
	П		• • • • • • • • • • • • • • • • • • • •				
E TO THE C	NIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING	ATED TO TH					
19A. DATE O	F OPERATION 198. COM	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Xes or h	10) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
	WAS PER	FORMED			IN CERTIFFING CA	USES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	218 hon etc.	ne, form, factory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact locotion)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	v	
21D. TIME OF INJURY			ile At Not Whil				
		Wo			115 6	18-10	
	y that (1) (this hospito				19 45 10 5		
thot (I) (we	r) lost saw the deceas	ed olive on	3-11-01	19ond 1	that in (my) (our) api	nion death occurred on the dat	
ond hour an	nd from the couses sto	ted obove. (	l) ( <del>We) (did</del> ) (did not) v	lew the body ofter deoth	•		
23A. SIGNAT	Clave L	alim	M.D. Atte	ending Med.	Stoff Phys.	238. DATE SIGNED  5-16-67	
23C. PHYSICIA		ctzL.	Adams M.O.	23D. ADDRESS 238 N.	CANESC	5-16-67 1. Balk Mid	
24A. BURIAL CRI	EMATION, 248. DATE		AME of CEMETERY OF CRE			ty, town, or county) (State)	
Burial	(Specify) 5-19-6		imore Nationa		ltimore, Mary		
25A. DATE REC'E	D BY HEALTH DEPT.	258. NAME (	OF REGISTRAR	25C. FUNERAL DIRECTO	) R	ADDRESS	
16.100 05.4	MAY 22 1967	Roul	5 E. FarleyMA	Marshall W.	Jones, Jr. 1	735 Harford Avenue	
VS 150-REV, 1/1/	/03	1 9	5 / 00	0 4 9 2	Ü		



IMPORTANT

FUNERAL DIRECTOR:

the chief medical

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was D.O.A.

deceased prior to written approval

(2) Body

to the hospital

approved by

certificate

he body

shows:

any nature;

o

An accident

No physician was

the

before

obtained

9

and

MEDIC

any

S. SEX

B. DATE OF BIRTH

If Under 24 Hrs.

Hours

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE B, COUNTY

If Under 1

Months! Days

12. CITIZEN OF

WHAT COUNTRY?

Clara (last unknown)

23B. DATE SIGNED

Maryland (If not in haspital ar institution, give street FULL NAME OF HOSPITAL OR

Baltimore City Mospitals

Baltimore Maryland 21224

4940 Eastern Avenue

C. CITY OR TOWN (If autside city limits, write RURAL and give township) Baltimore

D. STREET ADDRESS flf rural, give location)

3614 Manchester Avenue 21215

9. AGE (In years

WIDOWED, DIVORCED (specify) Married Male White 8-20-1903

MARRIED, NEVER MARRIED

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) dane during most of warking life, even if retired)

New York Mechanic - Sewerage Disposal-City Of Balto.

13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME

Cassano Oreste

5. Was Deceased Ever in U. S. Armed Farces? ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. 073-01-9966 Records: BCM-4940 Eastern Avenue 21224 No

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OI	DEATH LIA	Julant	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	DUE TO	ASVD		
	ANTECEDENT CAUSES	DUE TO	1700 13		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			ar .	
$\overline{\Omega}$	19A. DATE OF OPERATION 19B. CONDITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Ye	es or No. 20B. IF YES, WERE FI	INDINGS CONSIDERED

	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
1	TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, faim, factory, street, affice bldg., INJURY OCCUR? City, give exact lacation)

OR CONTRIBUTING \_ CAUSE OF DEATH (natify medical examiner) etc.)

21 F. HOW DID INJURY OCCUR?

21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED OF INJURY While At Nat While

(APPROX.) Wait At Wark

22. I certify that (1) (this haspital) attended the deceased that (Mwe) last saw the deceased alive

and that In (my) (aur) apinian death accurred an the date

una naur ana tram the c	duses stated	abave. XV	(me) (ala)	(A La Diat)	view the bady	atter death
3A. SIGNATURE	71.	1) 1	Λ			
Merica	l III	Bul	1.		ttending hvs.	Med.

NAME (Type) Monica M. Buckley

4940 Eastern Avenue, Baltimore, Maryland

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Highland Cemetery Burial

Highland, New York

25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR

25 COFUNERAL DIRECTOR anon Lemmon, 4611 Park Heights Ave.

VS 150-REV. 1/1/65

23 C. PHYSICIAN'S

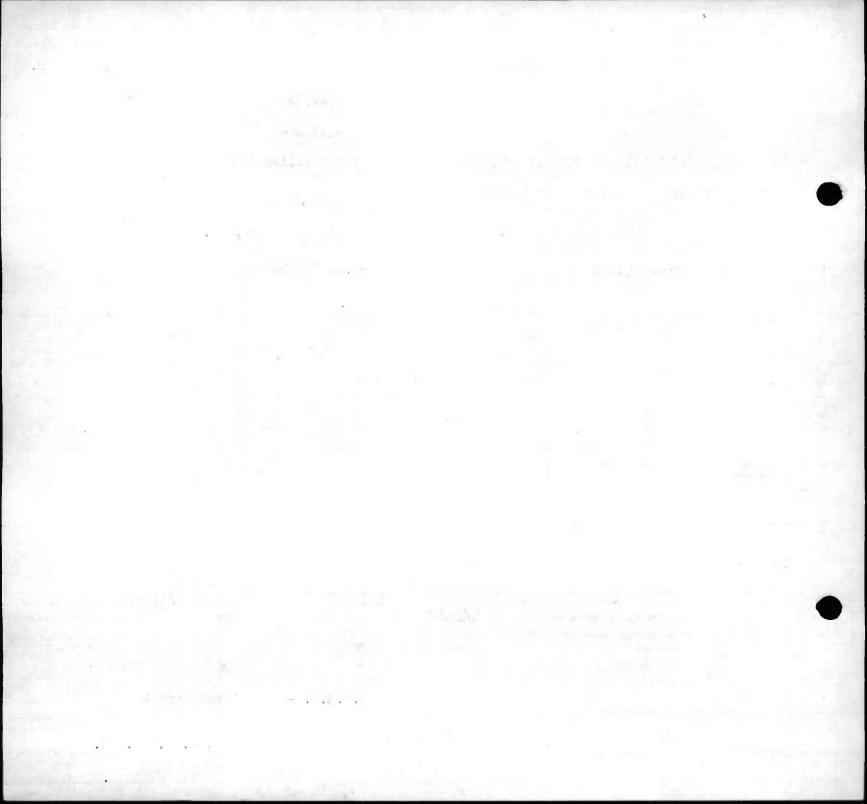
23D. ADDRESS

Marie Salan E 

VS 150-REV. 1/1/65

	OF	v 40	3.2		BALTIMORE C	ITY HEALTH	DEPARTMEN	NT		05	443	
	H NO.	7 492	31		CERTIFIC	ATE C	F DEAT	Ή	Registered No.	6/	492	1
1. N	AME OF DEC	EASED					2. DA	TE AND	HOUR OF DEATH			
(Typ	e or Print)	Minn	ie Mar	shall			5	/19/	67		12:30	P. M.
3. [	LACE OF DE	ATH IN BALTIA	MORE, MARYL	AND			AL RESIDENCE	(Where	deceased lived. If in	nstitution: re	sidence before	dmission)
	FULL NAME O		in haspital or i	nstitution, gr	ve street	A. STAT	Marylan	d				
	NSTITUTION	oddre's s	ar location)			C. CITY	OR TOWN	(If outs	ide city limits, write	RURAL one	give township)	47
1	+3						eltimore ET ADDRESS		rol, give location)		24-	03
S	OUTH BAI	LTIMORE	GENERAL	HOSPI	TAL	133	O Willi	am S	treet			
S. S	EX	6. RACE	7.		IEVER MARRIED	8. DATE	OF BIRTH	9.	AGE (In years	If Under		er 24 Hrs.
F	emale	White		Total all and	DIVORCED (specify) BUSINESS OR INDUST	Ma	y 18.180		ost birthday)	Months		Min.
		UPATION (Give working lite, eve		KIND OF	BUSINESS OR INDUST	RY 11. BIRTI	PLA CE (STOTE 4	or Tareig	n cauntry)	12. CITIZ	ZEN OF AT COUNTRY?	
uon	House		it ii tented)	At Ho	me	F	astern S	Show	6 W.	*****	USA	
13.	FATHER'S NA			110	THO .		HER'S MAIDEN					
	I ATTICK S TO A	***				14. 10.01	TIER S MAIDE	117/0				
		Evans				Beti	y Puxin	n				
15.	Was Deceased	Ever in U. S,	Armed Forces	t convice)	6. SOCIAL SECURITY NO.	17. INFO	RMANT				ADDRESS	
(10.	No	in yes, give	wor or doles o	survice/	SECURITY NO.	Mrs.	Romona	Darr	is		Same	
_					64116							
	184-2	0,11			CAUSE	OF DEATH	l. I taawa	W.	Emboliss ura nd Infer		INTERVAL BETWO	
	DISEA	SE OR COND		TLY	MAS	sive r	O C PO PA	7	2 100000		101	(2)
	(This does -	LEADING TO nat mean the			(A)	70	LEFT	<u></u>	UNG		4840	vas (?
	hearl failure,	asthenia, etc.	II meons the	disease,	DUE 10		01/00/0	N A	ad INfere	ion		
	injuly at camplication which caused death.)						The	. /			4860	
	ANTECEDENT CAUSES  (B) VENT C						1/1/2	044	0515		4 840	RSG
	DISEASES OR CONDITIONS if any giving											
	ise to the above couse (A) stating the (C) Hype					DERTES	rsive A	mi	serse	7è	4 4 64	<b>C</b> \$
	UNDERLYING	G CONDITION	N last.		esso	rdiovs	sculian	d	sease			
7		11										
ō	TO THE D	EATH BUT	DITIONS CON	TRIBUTING THE	010	-1100	sa.co.ad	-2	ROMBUS	1		
A	DISEASE OR	CONDITION	CAUSING IT.		***							
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERFOR		HICH OPERATION		ES (Yes	or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF E	CONSIDERED DEATH?	
ü	21 A. ACCIDE	NT WAS UND	ERLYING	218. P	LACE OF INJURY (e.g	, in or obout	21 C. WHERE	DID		e City, give	e exact location!	
DICAL		medical exam		home,	form, factory, street,	office bldg.,	INJURY OCC	U R?				
ā	21 D. TIME	(Month) (Do	y) (Yeor) (ł	Hour) 21 E. I	NJURY OCCURRED		21F. HOW DI	D INJU	RY OCCUR?			
W	(APPROX.)			While Work								
	22. I certify	that 🏗 (this	hospital) a	ttended the	deceased from	5/17/6	7	19	10 5/	19/67	19	
	that 🛣 (we)	last saw the	e deceased o	live on	5/19/67	19	a	nd tha	t in \$G\$() (aur) api	nlan deat	h accurred an	the date
	and haur an	d from the co	uses stated	abave. (1)	(We) (did) (did nat	) view the	bady after de	eath.				
	23A. SIGNATU	JRE	- /	2						23 B, DAT	ESIGNED	
	27	en s.	. 20	Comin	M.D.	Attending Phys.	Med. Director		taff hys.	5/1	9/67	
	23C. PHYSICIA NAME (T	INIS/		7	4	23 D. ADD			-,	1	•	
			-	54	M.			1213	Light Str	eet		
244		RY A	PATE	MINC	2							
ZAP	REMOVAL	Specify)	DAIL	24C. NA	ME of CEMETERY or	CREMATORY	2	4D. LO	CATION (C	ity, town, o	r countyl	(State)
	Burial	-			Cedar Hi			Broo	klyn, A. A	. Co.	Md.	
2SA		BY HEALTH T		B. NAME OF			FUNERAL DIRE	ECTOR			ADDRESS	
		MAY 22	195/	0.00	E. Fallen M.		Mc C	ully	r	7130	E. Fort	0.770

130 E. Fort Ave



BALTIMORE CITY HEALTH DEPA

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

ARTMENT	617 4600
EATH Registered No	67 4922
2. DATE AND HOUR OF DEATH	~ 1010-1
3-17-6	
IDENCE (Where deceased lived. If ins B. COUNTY	10 6 0
WN (If outside city limits, write R	13004 CO
WN (If outside city limits, write R	URAL and give township)
TIMORE  DRESS (If rural, give location)	23-00
3 SLADE AL	ienué
9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hts. Manths: Days Hours Min.
E (State or lareign cauntry)	12. CITIZEN OF WHAT COUNTRY
nary/and	WHAT COUNTRY
MAIDEN NAME	
na France	KliN
T	ADDRESS
Charet	
CHAR	INTERVAL BETWEEN
	ONSET AND DEATH
ing Anewrysus	
orle arch	
8 8 v x 8 8 dishiridrinin 6 9 9 sirarajamajama gga 6 6 4 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
***************************************	
SY? (Yes ar Na) 208, IF YES, WERE F	NDINGS CONSIDERED
IN CERTIFYING CAU	SES OF DEATH?
VHERE DID (If in Baltimare IY OCCUR?	City, give exact location)
OW DID INJURY OCCUR?	1 1
16 19 67 ta	5-17 1967,
and that in my) (aur) apin	
after death.	
	23 B. DATE SIGNED
Med. Staff Phys.	5-17-67
- 11	
Secoules Hosp 240. LOCATION (City	ITAL
24D. LOCATION (City	, town, ar county) (State)
BALTIMORE,	MARYLAND
VINSON & BROS. INC.	, bulu KEISI., KV.

Son Lecens Help to Executive towns Reduct March front Ritcheles Anna Franklin Pla Charle Greeding Manysons 617-57 Brythall bert THERRED -SE Lon Secures Hear Tom

VS 150-REV. 1/1/65

1	010	4000		BALTIMORE CITY	HEALTH DEPARTM	ENT	OP 4000
4	HRTH NO. 67	4923		CERTIFICA	TE OF DEA	TH Registered No	. 67 4923
	M.E. CASE NO.	ED			2. D	ATE AND HOUR OF BEAT	н
-1	(Type or Print)	TULMAN	- Be	nie	- 1	5/17/6	7 1 730 Am.
	3. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		A. STATE B	COUNTY	institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital address or location	or institution, give :	street	c. CITY OR TOWN	Ba (A) (If outside city limits, write	e RURAL and give township)
	1/3	Sinni	4	r. tal	D. STREET ADDRESS	(Il rural, give location)	21-10
	7	> 1 m m 1	1,000		0-	a Kmont	ane #15
	5. SEX 6. 1	RACE	MARRIED, NEV	VORCED (specify)	10/18/77	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	toA. USUAL OCCUPA done during most of work		108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
	House	m/8	At Home		luss	0-1-	SISH
	13. FATHER'S NAME	<i>Y</i>			14. MOTHER'S MAID	EN NAME	
	?	Kushner			<b>XXXXXXX</b>	Unkno	
	15. Was Deceased Eve (Yes, no ar unknown) (If	er in U. S. Armed For yes, give wor or date		SOCIAL SECURITY NO.	17. INFORMANT	1 +	ADDRESS
	No			0 NO		nu	
	18.44	11-9	17-06	CAUSE O	F DEATH		ONSET AND DEATH
		OR CONDITION DIF ADING TO DEATH	ECIT BY	(A) COUSE OF	JUA.		5/6/67 to die
	(This does not	mean the mode of	dying e.g.	DUE TO		**************************************	
	mijory or compile	henio, elc. It means cotion which coused	deoth.)	130			
		TECEDENT CAUSES	- 3	DUE TO	0 6 6		
,	DISEASES OR	CONDITIONS, if bove couse (A)	ony, givings	V = (c)	ASCOR	)	
2	UNDERLYING C	ONDITION last.	4 3	4 5			000000000
3	E TO THE DEAT	ANT CONDITIONS C TH BUT NOT RELA NOTION CAUSING I	TED TO THE	Frace	Land R	Chip	4/26/67
	19A. DATE OF OF	ERATION 198. CON	DITION FOR WHIC	O DEFEATIONES +	20 A AUTOPSY? (Ye	P G IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
5	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS MINDERLYING CAUSE OF	21 B. PLA home, fo	CE OF INJURY (e.g., i	n ar about 21 C. WHERE frice bldg., INJURY OC	DID (If in Politim	ore City, give exact location)
,	2	tonth) (Doy) (Year)		URY OCCURRED	Sa.	DID INJURY OCCUP	18/15/8
	S OF INJURY		67 While A		e m	7	
	22. I certify the	t (1) (this Mospital	) attended the de	eceased fram 4	1/26/67	19ta	5/17/67 19
	that (I) (we) Ja	Leaw the decease	d alive an				pinian death occurred an the date
		am the causes stat	ed abave (I) W	e)((did))(did nat) v	iew the bady ofter	deoth.	
	23A. SIGNATURE	0	9	M.D. Atte	ending Med.	Stoff S	23B. DATE SIGNED
	23 C. PHYSICIAN'S			Phy	s. Directo	Stoff Phys.	3/1//67
	NAME (Type)	Bo tto	me	M.D.	23 D. ADDRESS	inc, Hu	p.
	24A. BURIAL CREMA REMOVAL (Spec			of CEMETERY of CR	MATORY	24D. LOCATION	City, town, or county) IState)
	Burial	5/18/67	Workn	nen Circle	loco guina	Baltimore,	Maryland
	MA	Y 22 1967	A	-FreD. M.	25C. FUNERAL DI		ADDRESS  10. 6010 Reist. Rd.

Levenson

& Bros. Inc., 6010 Reist.,

The second of the second

		6/ 4924	Y HEALTH DEPARTMENT 67 4924
	M.E	E CASE NO.	ATE OF DEATH Registered No.
		OP OF DECEASED  WATHANIELIP. CORT.	2. DATE AND HOUR OF DEATH  REPORT 19 1967 1 50
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceaded lived, M institution: residence before admission) A. STATE B. COUNTY
	1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or lacotion) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
		44	D. STREET ADDRESS (If rurol, give location)
9	U	lower Memorial flogs.	2002 E. 31. St.
is mad	5, \$	M WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years last birthday) 9. AGE (In years Months Days Hours Min,
sposition	done	. USUAL OCCUPATION (Give kind of wark) 10B, KIND OF BUSINESS OR INDUSTR e during most of working life, even if relired)  Non E	MARILANN WHAT COUNTRY?
bos	13. (	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ਹ	15. \	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
tinal	(Yes	s, no or unknown) (If yes, give war or dates of service)  SECURITY NO.  212 -3 2 - 31/4 A	WiggOANDERSON 2002 F31 St
ō		DISEASE OR CONDITION DIRECTLY	OF DEATH UU INTERVAL BETWEEN ONSET AND DEATH
almed		LEADING TO DEATH	MONIARY EMPHYSEMD
9		heart failure, astheria, etc. It means the disease,	
63		ANTECEDENT CAUSES (B) DUE TO	LMONARY EDEMA
1s are		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	LMONARY EDEMA GESTIVE HEART FALLUER
before the remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
the	TIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
efore		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., OR CONTRIBUTING   CAUSE OF   home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?
	ш	OF INJURY  (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ained	2	(APPROX.) While At Not Wh	
opi		22. I certify that (I) (this haspital) attended the deceased fram	5-18 1967 to 5-19 1967.
De		that (I) (we) last saw the deceased olive on	and that in(my) (aur) apinion death accurred an the date
must	1 1	23A. SIGNATURE	23B. DATE SIGNED
		Ph	tending Med. Stoff Phys. Stoff 7-19-6
approval		ZOLTAN ZARDAY, M.D	THE UNION MEMORIAL HOSPITAL
	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	
Written	25A	13 URIAL 3/23-67 Moreland	Memorial of Sullingore SHA ADDRESS & ADDRESS & MA
}		MAT 22 1957 Of Leat E, Failer M.A.	Frank It Soily 814 W36 St
	VS	150-REV. 1/1/65	117700

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1, NAME OF DECEASED (Type or Print) 5 - 19-6 10 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township 606, GILENOLDEN AVENUE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? TISA ADDRESS - 21229 INTERVAL BETWEEN ONSET AND DEATH INTRACEREBRAL HAEMORRHAGE & SUB 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 22. I certify that (I) (this haspital) attended the deceased from  $\mu - 12 - 19 67$  to 5 that (1) (we) last saw the deceased alive an 9-5 PM on 5-19-1967 and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED (City, lown, or county) Burial Woodlawn Cem. Balto., Md. 248. NAME OF REGISTRAR 25A. DATE REC'D PA HEALTH DEPT 25C. FUNERAL DIRECTOR ADDRESS Witzke F. D. - 4101 Edmondson Ave. VS 150-REV. 1/1/65

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BIRTH NO		67 4927	7	CERTIFICA	ATE O	F DEATH	Registered	No	434	
M.E. CAS 1. NAME (Type or I	OF DECEAS	ED		_		2. DATE	AND HOUR OF DE	ATH		
		zel M. Conl	ev			May	19, 1967			٨
Hazel M. Conley  3. PLACE OF DEATH IN BALTIMORE, MARYLAND						L RESIDENCE (	Where deceased lived.	If institution: r	esidence before	odmission
	NAME OF		or institution, givo	street		yland				
HOSPITAL OR INSTITUTION oddress or locofion)  2817 N. Calvert St.					C. CITY	OR TOWN	f outsido city limits, v	vrite RURAL on	d give township)	0
						imore ET ADDRESS	(If rurol, give location		10	
01		Baltimore, 1	Md.		D. STRE	:I ADDRESS	(II rutoi, give locotioi	1/		
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	ER'S NAME		.1			HER'S MAIDEN				
	Jerome	Hause			<b>A</b> r	nna Mosda	le			
. Was I	Deceased Ev	er in U. S. Armed For	ces? 16.	SOCIAL	17. INFO	RMANT			ADDRESS	
es, no or	unkno wn) (If	yes, give wor or dote		SECURITY NO.			. / = 1 /			
No			No		Mrs.		ir 4714 Han	ipnett A	Ve.	A/EEN
18.		/ XI							ONSET AND D	EATH
		OR CONDITION DIS	RECILY	Ph 1	mi. C	erebro-l	Jascula, a	esian	man I.	t. +
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		henio, etc. It meons cotion which coused					Pasculur &			~
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DISE	ASES OR	CONDITIONS, if	ony giving	DUE TO						
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≅ l to	THE DEAT	ANT CONDITIONS C	ATED TO THE							
		PERATION CAUSING I		CH OPERATION	20 A.	AUTOPSY? (Yes o	No) 208. IF YES, W			
19A.	R)	ONE WAS PER	FORMED			NO	IN CERTIFYING	CAUSES OF	DEATH?	
3 21A.	ACCIDENT	WAS UNDERLYING	218. PLA	CE OF INJURY (e.g.				Itimore City, giv	ve exact location	)
T DEAT	TH (notify me	IG CAUSE OF	home, l	orm, foctory, street,	office bldg.,	INJURI OCCUI	K?			
D 21 D.	TIME (N	Aonth) (Doy) (Year)	(Hour) 21E, IN.	JURT OCCURRED		21F. HOW DID	INJURY OCCUR?			
>	NJURY ROX.)	,	While A	At Not W						
VALL	KO KI		Work	☐ At Wo						
22. 1	certify the	at (1) (this hospital	l) attended the d	leceased fram	Jan	2	19 6 7 ta	may	19,1	9 4 7
that	(I) (we) la	st saw the decease	ed alive an	may 18	19	67 an	d that in (my) (aur	) opinlan dea	th occurred a	n the da
and	haur and fr	am the causes sta	ted abave. (1) (V	(e) (did) (did nat)	view the	bady after dea	ith.			
23A.	SIGNATURE							238. DA	TE SIGNED	-
2	File	m/ 10.1	3, den.	M.D. A	ttending Z	Med. Director	Stoff Phys.	m	my 20,	67
	PHYSICIANS	200			23D. ADD				7	
	NAME (Type	ANK A	1 11-1	: FA ( _ M.E	27	01 N	· Calver	Y 54		
24A. BUR	IAL CREMA	TION, 248, DATE	24C. NAME	of CEMETERY or C			D. LOCATION	(City, town,	or county)	(Stote)
	MOVAL (Spec	cify)								
Bur	cial	5/22/67	Abing	don Memori	al Cem		Abingdon, M	aryland	ADDART	
ZJA. DAI	E KEC'D BY	HEALTH DEPT.	25B. NAME OF R	T		FUNERAL DIREC			ADDRESS	
	M,A	X ZZ 196/	P. C. 128	" STOLENCY !! A	Wm	Cook -B	rooks, Inc.	_1217_St	. Paul S	t.
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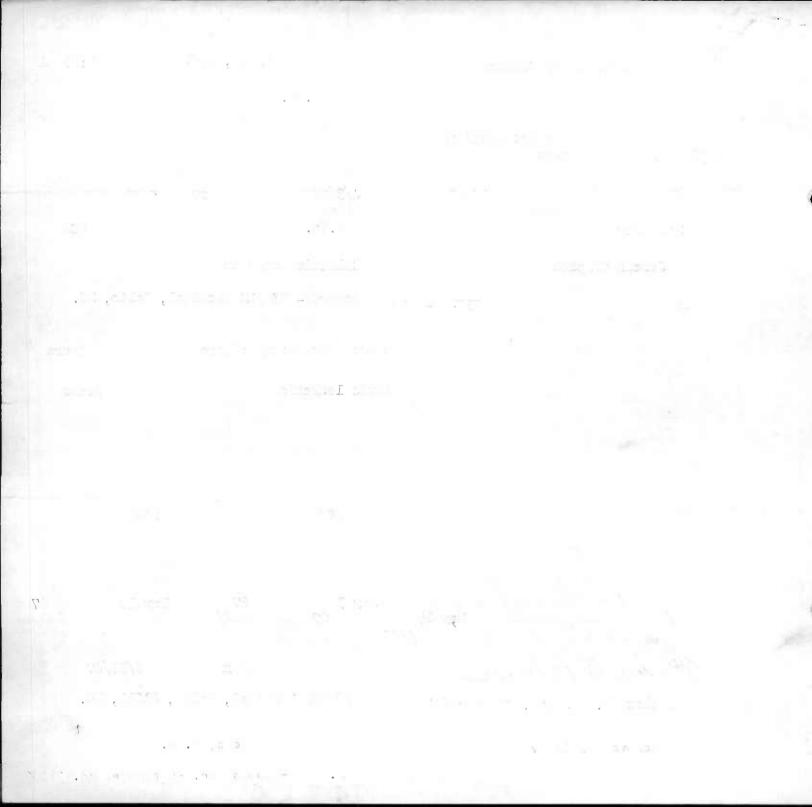
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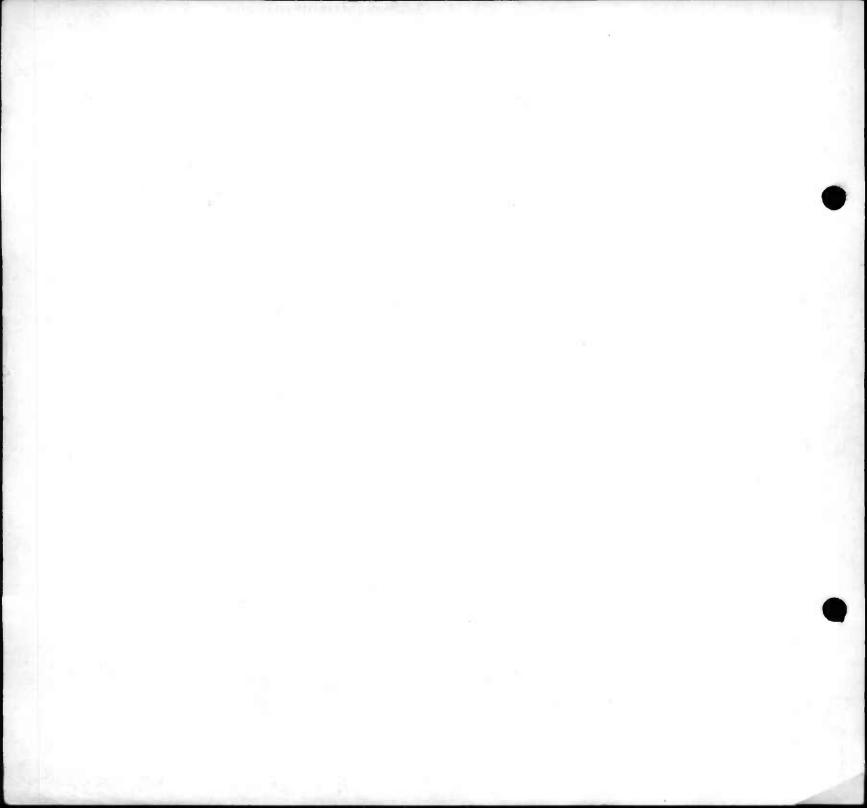
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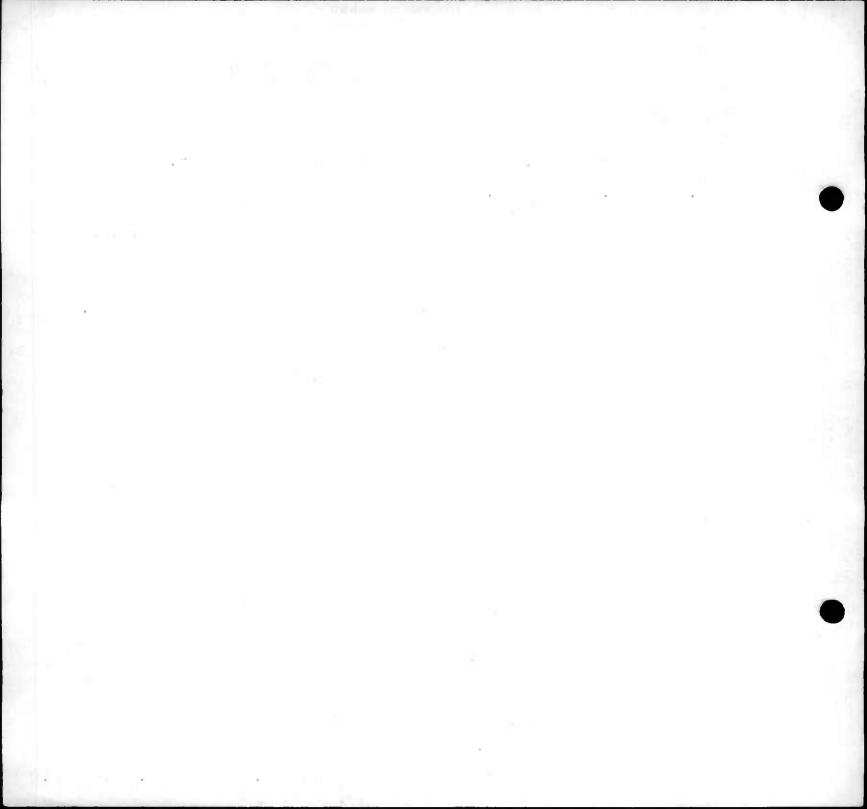
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. D TIFICATE OF DEATH Registered No. the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) E O 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) C. CITY (If outside city limits, write RURAL and Ö INSTITUTION 0 atten prior D. STREET ADDRESS (If rurol, give location) dispasitian is made regular 9. AGE (In years) B. DATE OF BIRTH 5. SEX 7. MARRIED, NEVER MARRIED If Under 24 Hrs. Hours Min. If Under 1 Yr. Hours deceased Months: Doys WIDOWED, DIVORCED (specify) lost birthdoy 7.5 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA'CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 100 OSD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the death 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO attendance SAME AS A pronaunced 18. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES wha DUE TO befare the remains are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. OR IF YES, 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No! 198. CONDITION FOR WHICH OPERATION WERE FINDINGS CONSIDERED the WAS PERFORMED CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE-DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? °Z MEDICAL DEATH (notify medical examiner) be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) Work At Work and 22. I certify that (I) (this hospital) attended the deceased fram death); that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred on the haspital and haur and fram the couses stated above. (1) (We) (did)'(did nat) view the body after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. M.D. 0 appraval Director Phys. ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at M.D D.O.A. 24A. BURIAL CREMATION. 24D. LOCATION eceased OF GREAT REMOVAL (Specify) written SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS 3 O VS 150-REV. 1/1/65

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	07 4090	BALTIMORE CITY	HEALTH DEPARTMENT		67 4933
11	TH NO. 67 4933	CERTIFICA	TE OF DEATH	Registered No	3, 1000
	AME OF DECEASED		2. DATE AND	D HOUR OF DEATH	
	pe or Print) NAGRABSKI	MARTI		-20-67	1 / 1
3. !	PLACE OF DEATH-IN BALTIMORE, MARYLAND	MARTI			itution: residence before admission)
	0		A. STATE B. COUNT	TY	
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	2406 1	FET ST	MARYLAND
	NSTITUTION		C. CITT OR TOWN III OUTS	side city limits, write RU	RAL and give township)
1	Rom Can us	-11 - +11	D. STREET ADDRESS (III 10	urol, give location)	1-07
	Bon SECOUR		2406 FLE	ET ST.	
5. 5	EX 6. RACE 7. MARI	RIED, NEVER MARRIED  OWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	m w m	ARRIED	11-4-1894	12	2
	USUAL OCCUPATION (Give kind of work 10 8, KINI eduring most at warking lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Gui		FINING CO.	PBI ANI	1	USA
13.	FATHER'S NAME	CHIMO CO.	14. MOTHER'S MAIDEN NAM	AE	0 3/1
_	20 21 11.		0		
15	Was Deceased Ever in U. S. Armed Forces?	14 60011	unkn	rown	ADDOCCO
IYe:	s, no or unknown) Ilf yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ι,	NO	212-10-2027	VERONICA NAM	-RABSKI24	HOL FIEET ST
	1B.	CAUSE O	F DEATH	11/1/2/21/14	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	utino school	cardio	
	(This does not meon the mode of dying, heart failure, asthenia, etc. II means the dise	e.g., DUE TO	boscal	as diele	
	injury or complication which coused death.)	030,	Dial et q	00 00	-
	ANTECEDENT CAUSES	(B)	grander q		
	DISEASES OR CONDITIONS, if ony, gi			eg it leg	
	rise to the above cause (A) stoting	The (C)			
	UNDERLYING CONDITION Iosi.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING:			
110	OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO				
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES WEDE EIN	ADINGS CONSIDERED
CERTIFICATIO	WAS PERFORMED	THE THE PARTY OF T	A010131; (163 0/ 140/	IN CERTIFYING CAUS	ES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY le.g., in	or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?		
U			215 115 115	104 0 0 0 115	
MEDI	OF INJURY	21 E. INJURY OCCURRED While At   Nat While	21F. HOW DID INJU	JKT OCCUR?	
-	[APPROX]	While At Work Nat While At Work			
	22. I certify that (I) (this hospital) attend	ed the deceased fram	May 18 1	9 67 ta MO	my 20 19 67
	that (I) (we) last saw the deceased alive	an pray 20	19 67 and the	it in(my) (aur) apini	an death accurred on the date
	and haur and fram the causes stated obav			, , , , , , , , , , , , , , , , , , ,	
	COA CICNIATURE				3 B. DATE SIGNED
	Muz (Cost	Lee M.D. Atte	nding Med.		
	and British and	Phy	Director Director	Stoff Phys. 4	May 20 67
	23C. PHYSICIAN'S NAME (Type) Took	Led	3D. ADDRESS		
	Jany	M.D.	BON SECOUR HO MATORY 24D. LO	OSPITAL	
24A	REMOVAL ISpecify) 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION  City,	town, or county) (State)
1					MADVIAND
25A	SURIAL 5-23-67 M	ME OF REGISTRAR	25C. PUNERAL DIRECTOR	40	MARYLAND
	MAY 22 1967	BO FOR	1044		Held willerson and
Ve	150 PEV 1/1/45	KING CLINEWARKER	JUHNM WEBE	KTSONS /NE.	7015 CHESTER ST
Λ.2	150-REV. 1/1/65	4 42	1 1 1		

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2-13-69 M.H.

1		6	7 4935			HEALTH DEPARTMENT		67 4000
		H NO. . CASE NO.	-	-	CERTIFICA	TE OF DEATH	Registered No	4000
		AME OF DECE		Westbr	ooks WEST B	ROOK) 2. DATE AN	17/67	6:45 p. M
	3. P	LACE OF DEAT	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When A. STATE 8. COUN	re deceased lived. If insti	tution: residence before admission)
	H	ULL NAME OF HOSPITAL OR NSTITUTION	(If nat in haspital address ar lacation		, grve street	Maryland c. CITY OR TOWN (If au	tside city limits, write RO	RAC and give township
	11	3				Baltimore D. STREET ADDRESS (IF	rural, give location)	3.01
	S	OUTH BAT	TIMORE GENER	AL HOS	PITAL	124 W. Cross		
000	5. S		6. RACE	7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
Ε		Male	Colored	Marr		12-25-1901	65	violinis Odys Tidors (villa
isposition is		during mast at w	arking lite, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	CHESTER.	C . ()	12. CITIZEN OF WHAT COUNTRY?
osit	13. [	Retire				14. MOTHER'S MAIDEN NA	ME	
Ispo	Jerry WESTBROOK						ARRIS	
tinal d	15. V (Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed For (If yes, give war ar date	ces? s of service	SECURITY NO.	MARYAWESTI	BROOKS 124	W. CROSS ST,
or t	П	18.	2 / 1		CAUSE			INTERVAL BETWEEN ONSET AND DEATH
De l			OR CONDITION DIE	RECTLY	C.	00		
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			isthenia, etc. It means dicotian which coused		e,	1		
eB		A	NTECEDENT CAUSES		(B)			
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the remains	TION	TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA	TED TO		male Pu	Our est	10 Lays
he	FICA	19A.DATE OF		DITION FO	R WHICH OPERATION	20 A. AUTOPSY? Yes at No	208. IF YES, WERE FILL	NDINGS CONSIDERED
re t	ERTIF	0	WAS PER			NO		- 481
before		OR CONTRIBU	T WAS UNDERLYING [ TING CAUSE OF medical examiner)	_ h	1B. PLACE OF INJURY (e.g., i ame, farm, factory, street, o tc.)	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact lacation)
	144	21 D. TIME OF INJURY	(Manth) (Day) (Year)		1E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ained	×	(APPROX.)			While At Nat Whi Wark At Wark			
obt						/1/67		
99							not in (⊉©AL (our) opini	on death occurred on the date
must		ond hour ond		ted obove.	(I) (We) (did) (did not)	view the body ofter deoth.		23B. DATE SIGNED
			(/1)	FU		ending Med.	Staff Phys.	5/18/67
approval		23C. PHYSICIAN	rs ,	ale	Physical by	23D. ADDRESS	Phys. Land	7/10/01
pro		NAME (Ty	DAVID	STEIN	BAUER, M.D. M.D.	S.B.G.H 12	13 Light St.	
d	24A	REMOVAL (S	AATION, 248. DATE			EMATORY 24D. L	OCATION (City	, tawn, ar caunty) (State)
ritten	•	BURIAL	5-20-	67	MOUNT F	AUBURN 3		ARYLAND
E	11		BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRECTOR	R 1500 17311	MONTEOMERY ST.
}		-W	AY 22 1967	Ulaler	5, E, Forley M.	1. L DROWN	4 JON 1231	31,
	V.S	150-REV. 1/1/6	5		Star. 6 gold, !		i	/

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		HEALTH DEPARTMENT
0	BIRTH NO. M.E. CASE NO.  CERTIFICA	TE OF DEATH Registered No. 67 4936
	1. NAME OF DECEASED (Type or Print) VALA BRUTON (VEOLA B	OUTTON!
	3, PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE   Where deceased lived, if institution: residence before admission)
	SHILL MALLE OF All and in bandled an invited in the state of	A. STATE M. IA. J. P. J.
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL ond give township)
	43	D. STREET ADDRESS III rurol, give location)
	South BaltimoreGENERAL Hosp	5/3 Sc. Shorp St.
mad m	WIDOWED, DIVORCED Ispecify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
2	10A USUAL OCCUPATION (The kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE   Stote or foreign country  12. CITIZEN OF
disposition	done during most of working life, even if retired)	Coona -Ala:
000	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sign	Judge Bullon	Marie Jaines
0	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT
i i	1B. CAUSE OF	DEATH INTERVAL BETWEEN
ō	DISEASE OR CONDITION DIRECTLY 7 yhhh	ONSET AND DEATH
med	LEADING TO DEATH  (This does not meen the made of dying, e.g., DUE TO	romko prumoria ?
pq	heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	
e m	ANTECEDENT CAUSES (B) DUE TO	otic Shock 2° to A ?
are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
	UNDERLYING CONDITION last.	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
e re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	164.
the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED RESS	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21 A. A C CIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
	DEATH (notify medico) exominer)	
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY White At Not While	21F. HOW DID INJURY OCCUR?
btaii	(APPROX.) Work At Work	
0	22. I certify that this this hospital) attended the deceased fram	5-1/ 19 67 to $5-1/$ 19 67.  19 67 ond that in (our) opinion death occurred on the date
t be	and hour and from the couses stoted obove. (1) (We) (did) (did not) v	
must	23A. SIGNATURE	238, DATE SIGNED
	Phys	
rov	23C. PHYSICIAN'S NAME (Type)  M.D.	C 1) N 11' C C 1 L L L
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) Istote
written	Burian7 5-16-67 Baltimore Nati	onal Baltimore-City
2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Isaiah L. Brown and Son 108 W. Montgomery Street
	MAY 22 1967 R. Rose E. tarberma	108 W.Montgomery Street

	-	4	-	
BIRTH	NO.	1.7.	07/0	111

BIRTH NO. 67-07614

BIRTH NO. 67-07614

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF D

EATH	Registe	red Na	

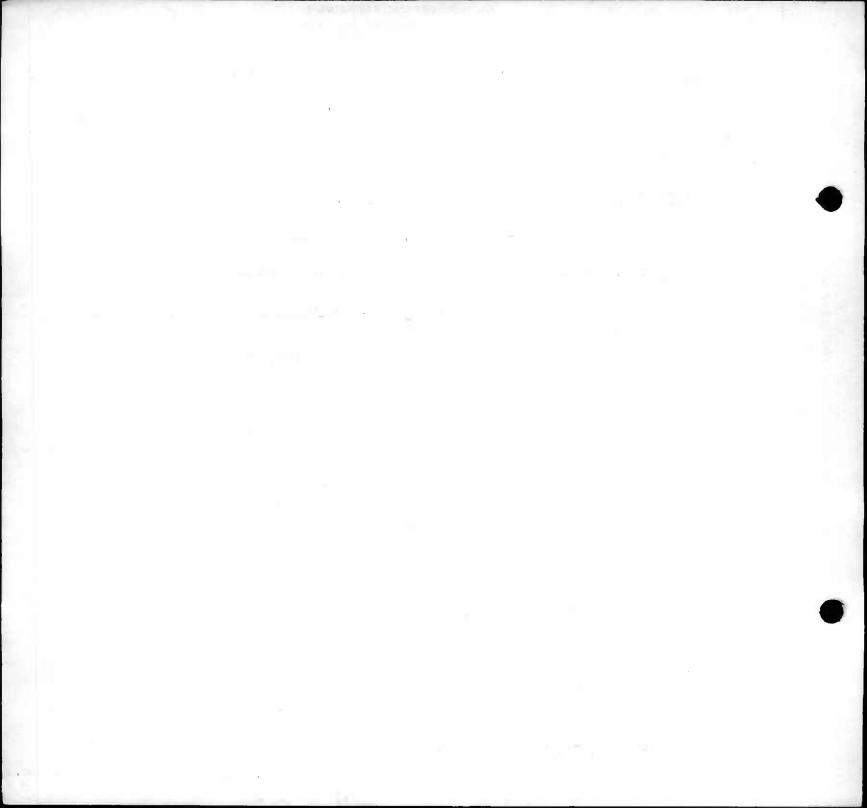
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOU	NCED DEAD
DEL	ORES Rexann KELLY		5-21-67	6:07 PMM.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESID A. STATE Maryla	ENCE (Where deceesed lived If B. C	Anne Arundel
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC INSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)		WN (If eutside cerperete limits, v	write RURAL and give township)
40			RESS (If rurel, give lecotion)	000
ST. AGNES HOSPIT	AL - DOA	3903 P	ascal Avenue 2	1226
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	April 20,	de lant high day	ors If Under 1 Yr, If Under 24 Hrs Months, Doys, Hours, Min.
tOA, USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)	TREATURE TO BUSINESS OR INDUST		(State or foreign country) yland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis	S. Kelly	14. MOTHER'S M	Donna .	J. Parrish
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, ng orunknewn) (If yes, give war er det		Mr. Fran	cis S. Kelly	ADDRESS (Same)
1B.	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEIDENT CAUSE DISEASES OR CONDITIONS, IF ANTECEIDENT CAUSE DISEASES OR CONDITIONS, IF ANTECEIDENT CAUSE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN  19A, DATE OF OPERATION 17B, CON	ES ANY, GIVING DUE TO STATING THE (C)			
TO THE DEATH BUT NOT RIDISEASE OR CONDITION CAUSIN  19A, DATE OF OPERATION 19B, COI WAS PEI		20A. AUTOPSY	? (Yes er Ne) 20B, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
_	OLD DIAGE OF INITIAL	Yes	Ye	es
	heme, farm, fectery, street,	effice bldg., INJURY	VHERE DID (If in Beltimere City OCCUR?	, give exect lecetien)
21D TIME (Month) (Dey) (Year (APPROX.)	WHILE AT NOT	T WHILE WORK	OW DID INJURY OCCUR?	
22. I certify that I held on			d that on this bosis, death i	n my opinion
resulted fram: Natural co	ouses X Accident Suici	ide Homici	de Undetermined mo	nner
ACTUAL SIGNATURE	Willer "		EDICAL EXAMINER X	DATE SIGNED
EXAMINER'S NAME (Type) RUSSELL	St. FISHER M.D.		EDICAL EXAMINER	5-22-67
23A. BURIAL CREMATION, 238. DATE	23C. NAME et CEMETERY	er CREMATORY	23D. LOCATION	City, town, or county) (Stote)
Burial 5/2	4/67. Gardens of Fai	Lth Cemeter	y Baltimor	e, Md.
24A. DATE REC'D BY HEALTH DEPT. MAY 22 1967	Polseb E, Farkey Md	-	d J. Ruck, Inc.	Balto. Md. 21214
VS 151-REV. 1/1/65	196700	0 4 9	16	

Marina I highway vite a steered and beauty The second let it was an in the second of th Manageria J. Suel Dist. Dec. 14. 2121

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Such

-	017 400	-6	BALTIMORE CITY H	HEALTH DEPARTMENT		67 4938
E	BIRTH NO. 67 495	38	CERTIFICAT	E OF DEATH	Registered Na	07 4000
	M.E. CASE NO.			2. DATE AND	HOUR OF DEATH	
- 11	Type or Print)	Joseph M. Mcl	Daniel	May :	21.1967	12 NOOM.
[3	. PLACE OF DEATH IN BALTIM	BRE, MARYLAND	- 4	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If institu Y	tion: residence before admission)
		hospital or institution, give s or location)		0 1	ide city limits, write RUR	AL and give township
4	04414 Marble	Hall Road	3	4. 1.1	urol, give location)	21-07
1	5. SEX 6. RACE	7. MARRIED, NEVI	FR AMARRIED R	4414 Marble		Under 1 Yr. If Under 24 Hrs.
	male white		ORCED (specify)	Feb. 23, 1909	ost birthday) M	Under 1 Yr. If Under 24 Hrs.
	toA, USUAL OCCUPATION (Give k		NESS OR INDUSTRY	1. BIRTHPLACE (State or lareig	n country) 1:	CITIZEN OF WHAT COUNTRY?
	Marine Represe		co. Inc.	Maryland		USA
	3. FATHERS NAME		14	4. MOTHER'S MAIDEN NAM	\E	
	Joseph P. Mc	Daniel		Lulu Simpk	ins	
Ī	5. Was Deceased Ever in U. S. / Yes, no or unknown) (If yes, give w	Armed Forces? 16. S	SOCIAL TO	7. INFORMANT		ADDRESS
	yes	21	5038105	Mrs Frances	McDaniel	same
	918. 3 3 X 1-	260X	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDI		5 00	22 1/2	20:10	
	(This does not meon the heal failure, asthenia, etc.	mode of dying, e.g., II means the disease,	DUE TO	RACHNOIDHE	makikhthik	ONE-HOUZ.
	ANTECEDENT	CAUSES	(B)			••• **** * * * * * * * * * * * * * * *
	DISEASES OR CONDITIO	NS, if any, giving	DUE 10			
	uise to the above cou		(C)			
	11		63			
	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	OT RELATED TO THE	DIABE	TE MELLIT	US	10 YEARS (?)
		198. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSE	
	OR CONTRIBUTING CAUS	RLYING 21 B. PLAC home, for etc.)	CE OF INJURY (e.g., in o m. foctory, street, offic	or obout 21 C. WHERE DID	(If in Boltimare Ci	ly, give exact location)
	21D. TIME (Month) (Doy OF INJURY (A PPROX.)	r) (Yeor) (Hour) 21 E, INJU While At Work	JRY OCCURRED  Not While At Work	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (1) (this			GUST 19 1	966 10 MA	/2/c 1967.
	that (I) (who) last saw the			19.1.7 ond tha	t in (my) (ayr) apinia	death accurred on the date
	and have and from the cou	uses stated above. (1) (1)	() (dld) (did nat) vie		/	
	23A. SIGNATURE	arfain	M.D. Attend	ding Med.	Stoff Phys.	5/22/67
	23C. PHYSICIAN'S NAME (Type)	RKARFO		1532 HA	VENWOD	DR. PD
	24A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C. NAME	OF CEMETERY OF CREM	NATORY 24D. LO	CATION (City, t	own, or county) (State)
	burial 5			etery (a	mbridge, Mo	ryland
	2SA, DATE REC'DIBY HEARTH D	258. NAME OF RE	CHARLES PLANTED	25C. PUNEKAL DIKECTOR	_	Baltimore, Md.
16	WAL 4	C INAI AMERICA				



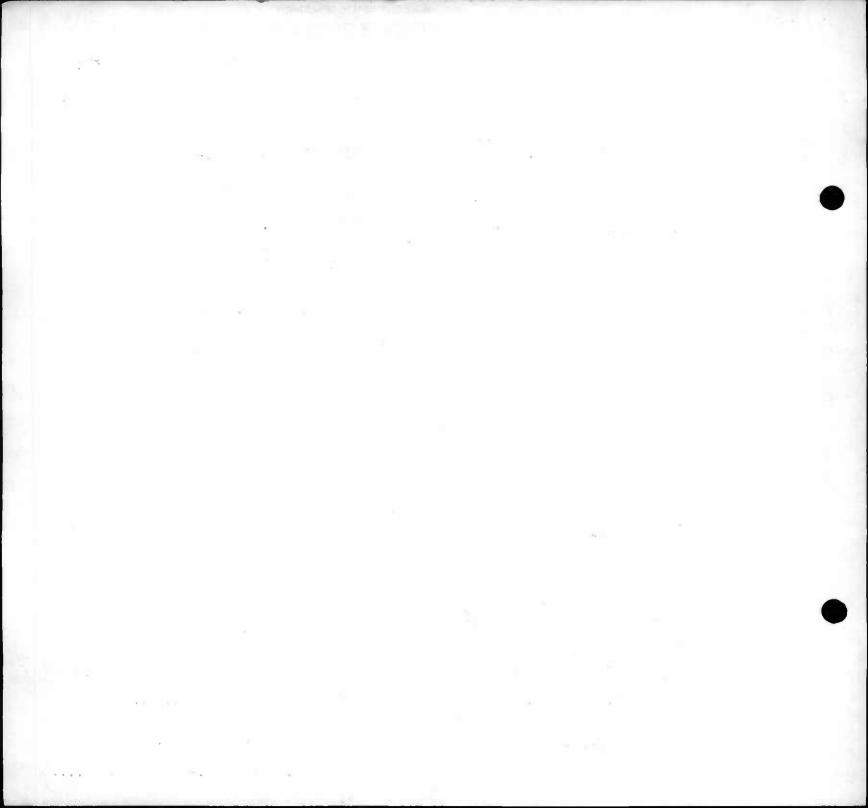
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours !

same

ADDRESS



		en 100 1	1010		BALTIMO	RE CITY H	EALTH DEPARTM	ENT	0	7 4040
	H NO.	67	4940		CERTII	FICAT	E OF DEA	TH Registere	d Na. O	4340
1 M /	CASE NO	DECEASED	€ _ M.	Bai	LEY		2. D	ATE AND HOUR OF	DEATH	71 ://210
3-81	LACE QF	0	ALTIMORE MA	RYLAND	THE TOTAL				ed If in stituti	on; residence before admission)
	LK NAM	1 I K I (	not in hespital	AM or institution.	ENDE.	D   ^	Maryla	. COUNTY		
H	OSPITAY ISTUDIO		dress or lacotion		HOZA 5-	31-67 c	CITY OR TOWN	(If outside city limits,	, write RURA	ond give township)
1 6	July 1	years.	V	ι /	y	ā	STREET ADDRESS	(If rural, give locat	tion) /	7.01
	48	_					305 W	Franklei	n fit	
5. SE	× /~	6. RACE	W		D. DIVORCED Spe		10/31/92	9. AGE (In year lost birthdoy)	Moi	Under 1 Yr. If Under 24 Hrs. offis Doys Hours Min.
			(Give kind of work (Geven if retired)	108. KIND O	F BUSINESS OR IN	DUSTRY 11.	BIRTHPLACE (Slote	e or foreign country)	12.	CITIZEN OF WHAT COUNTRY?
12 8	ATHERS	retires		Bella	Caly	14	MOTHER'S MAID	land		USA
30 F	M	Linny	Barley			14	Elle	- Roffer	1	
(Yes,	Vos Dece no or unkr	nown) (If yes	J. S. Armed for give wor or day 17-1912	tes? s of service)	16. SOCIAL SECURITY NO 214-40-5		Raliens	or chart	1	ADDRESS
	18.	2011	1 9-6-	1916	C	AUSE OF I	DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DI		ONDITION DI	RECTLY	6	2.0	who pr	D. MI		1
,			the mode of			TO		, , ,	*	
		camplication	which caused	death.)	(8)	Ellen	matic A	eart Pr	12 mg	
	DISEASE		DENT CAUSES DITIONS, if		DUE	TO	+ .			
	rise la		cause (A)			- 0	Colle in	Afficien	3	
	OHDENE		11	_					<del>)  </del>	7.0
ATION	TO THE	E DEATH	CONDITIONS C BUT NOT RELA ON CAUSING	ATED TO T	IG HE					
	19A. DAT	E OF OPERATI	ON 198. CON WAS PER	DITION FOR	WHICH OPERATIO	М	20A. AUTOPSY? (Y	es or No) 20B. IF YES. IN CERTIFYII	WERE FINDI	NGS CONSIDERED OF DEATH?
U	OR CONT	INTERIOR OF TRIBUTING OF TRIBUT		21 ho etc	me, form, foctory,	RY (e.g., in o street, office	r ofoul 21C. WHERE bldg., INJURY OC	DID (If in CUR?	Boltimore City	, give exact location)
0	21 D. TIMI	E (Month)	(Doy) (Year)		E INJURY OCCUR	RED Not While	21 F. HOW	DID INJURY OCCUR?		
	(APPROX			W	ork 🔲 📑	At Work				
1 6 1					the deceased fro	-1	5/20	,		
					(I) (W=) (a:a) (a:	/			ur) apinian	death accurred on the date
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A_SIGNATURE  23B, DATE SIGNED										
		Long	00/1	rean	ej M	.D. Attendi	ng Med.	Stoff Phy s.		5/20/67
	23 C. PHYS	AE (Type)			(	M, D.	ADDRESS	7. 1	11.	1
24A	. BURIAL	CREMATION,	248. DATE	24C. N	IAME of CEMETER		ATORY	24D. LOCATION	(City, to	wn, or county) (State)
	REMOV	AL (Specify)	5/22/6		Parkwood	-		Baltimo		
25A	. DATE RI	EC'D BY HEAL	TH DEPT.	258. NAME	OF REGISTRAR		25C. FUNERAL D	Ruck T	D-31	ADDRESS
		MAY	22 1967	00	8 2 Fall	M.M.	-conaru o	Ruck, Inc.	• Balto	. Md. 21214
VS 1	150-RE V.	1/1/65			of the	J (	0 7 6	2		V

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

Leonard J. Ruck. Inc. Balto. Md. 21214

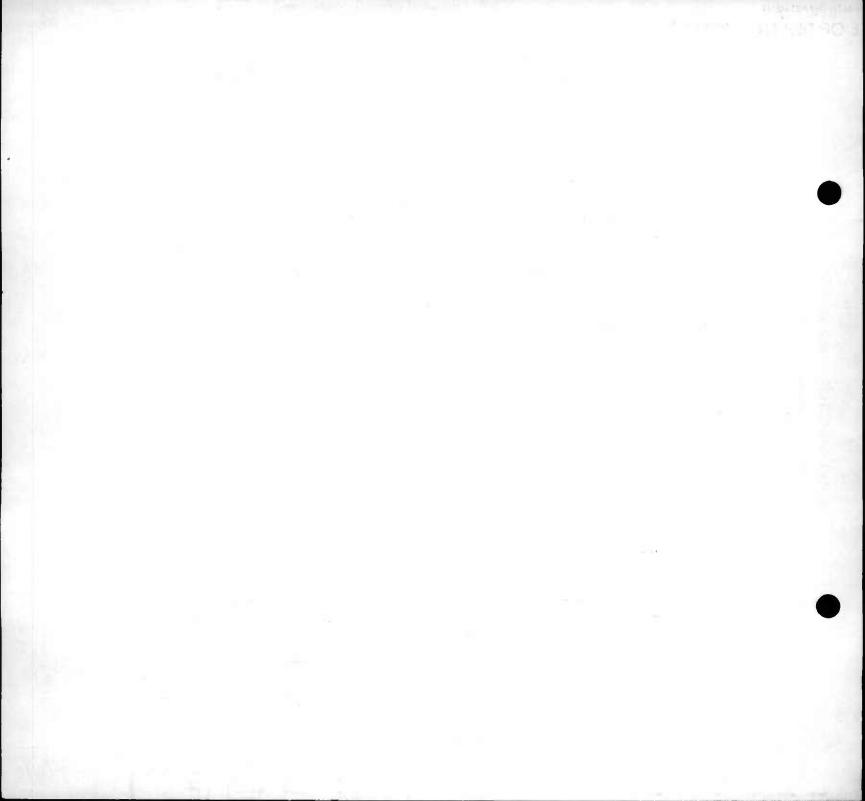
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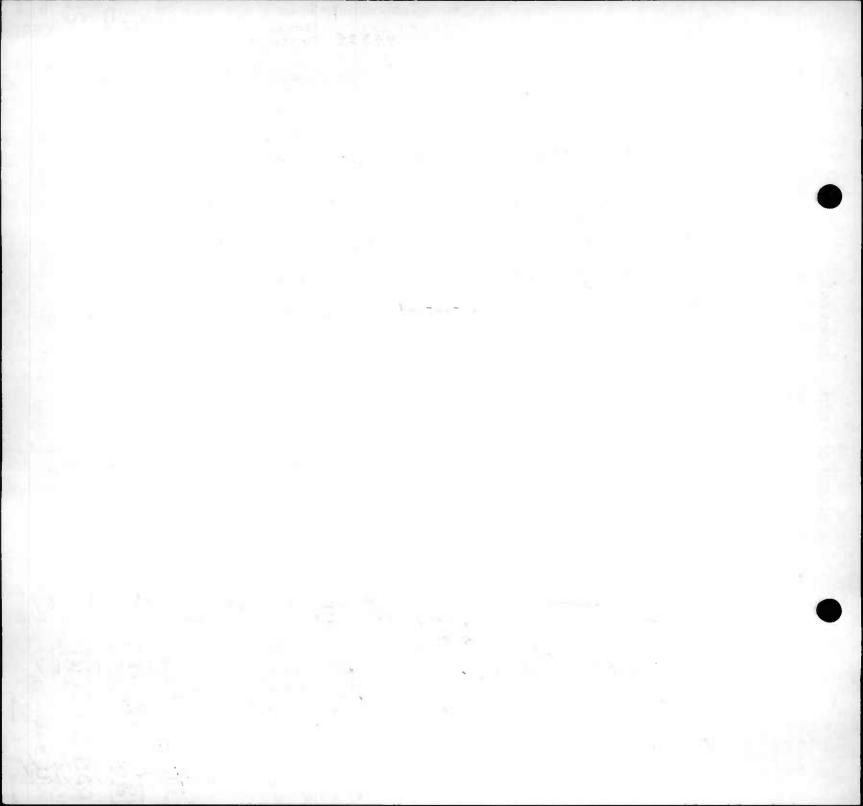
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-			BALTIMORE	CITY HEALTH DEP	ARTMENT		CP 4040	
0	BIRTH NO. 67	4943	CERTIFI	CATE OF D	DEATH	Registered Na.	67 4943	
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)	Man A	Bartin		2. DATE AND	HOUR OF DEATH		
	<u> </u>	111484 19	. BROCKMAN		3-	18-67		м.
	3. PLACE OF DEATH IN	BALTIMORE/ MARYLA	ND	4. USUAL RES	B. COUNTY	deceosed lived. If insti '.	tution: residence before admission	n)
	FULL NAME OF HOSPITAL OR	(If not in hospital or ins	stitution, give street	MA	Ryland			
	INSTITUTION	oddress or locotion/		C. CITY OR TO	OWN (If outside	de city limits, write RU	RAL and give township)	
	4021	/	11 11	D. STREET AD	DRESS (If rur	ol, give location)	18-01	
	DeLV	9 Belvedere N.H.				ruk Ave		
0	5. SEX 6. RAC	E 7. N	AARRIED, NEVER MARRIED	B. DATE OF BI	RTH 9.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hr.	s.
E	Female /	Uhite.	MARRIEN	12-22-	1886	80		
-	IOA, USUAL OCCUPATIO		KIND OF BUSINESS OR IND	JSTRY 11, BIRTHPLAC	E (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
2	AT Hon	10-		ThuRM	ONT	Md	USA.	
00	13. FATHER'S NAME	1		14. MOTHER'S	MAIDEN NAME			
disposition	U	hitmore		HNN	IF B.	(RPAGER		
0	15. Was Deceased Ever in (Yes, no or unknown) (If yes	U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMAN	tî .		ADDRESS	
בוחם	1/0			FREd (1)	BRICK	man/ - )	Ame	
0	18. 4. 20.	01	CAU	SE OF DEATH			INTERVAL BETWEEN	_
0		CONDITION DIRECTI	LY	11	1/2	1 / 1	1 h. H	
E		on the made of dyin	ig, e.g., DUE T	beselval	Vaseul	as acade	) moully	
E 00		heori foilure, osthenio, etc. Il means the diseose, injury or complication which caused death.)						
E	ANTEC	EDENT CAUSES	(B)(	isleno A	clerofic	Heart	6 years	b
0		NDITIONS, if ony,	giving	01	Dese	are -	1. m. H	
15 0	UNDERLYING CON	ve couse (A) stati IDITION lost.	ing the (C)	Chrome	Brain .	Syndrome	13 money	
remains		II	0	1 1	~ 1	2 1		_
E	≥ TO THE DEATH	T CONDITIONS CONT.	RIBUTING Jene	rulined	arteno	Lebour i		
the	DISEASE OF CONDI	ATION 198. CONDITIO	ON FOR WHICH OPERATION	V20 A. AUTOI		20B, IF YES, WERE FIN		_
	19A. DATE OF OPERA	WAS PERFORM	1ED	1	6.	IN CERTIFYING CAUS	ES OF DEATH?	
betore	OR CONTRIBUTING	S UNDERLYING CAUSE OF	21B. PLACE OF INJURY home, form, factory, stre	(e.g., in or about 21 C. 1 eet, affice bldg., INJU	WHERE DID RY OCCUR?	(If in Boltimore C	City, give exact location)	2774.000
	DEATH (notify medical		etc.)					
dined	OF INJURY	h) (Doy) (Yeor) (Ho		O 21 F. I	IULNI DID WOH	RY OCCUR?		
0	(APPROX.)		Work At	Work		1		
op	22. I certify that (	l) (t <del>lus lipspita</del> l) att	tended the deceased fram				my / f - 19 6	
pe		saw the deceased al			L	fn(my) (opini	death accurred an the do	ı te
151	and haur and fram 23A. SIGNATURE	the causes stated a	bave. (1) (1) (did) (did	tot) view the bady	after death.	,	DATE SIGNED	
E	l l	1 11 1	M.D.	Attending Phys.	Med. S	toff	B. DATE SIGNED	
2	23C. PHYSICIAN'S	· Ohamber	~	Phys. 23D. ADDRESS	Director Pi	hy s.	17/6/	
0	NAME (Type)	Chamb	00.00	M.D. 4400	e Plot	Ht Bold	1 / -	-
approval	24A. BURIAL CREMATIO	N, 248. DATE	24C. NAME of CEMETERY	1100	24D. LOS	EATION (City.	town, or county) L (State)	_
67	REMOVAL (Specify)	527-67		Emetery	RA	Ltimore	Md	
E	25A. DATE REC'D BY HE	ALTH DEPT. 258.	NAME OF REGISTRAR		RAL DIRECTOR	1	ADDRESS	_
	III					//	/ / / / / / / /	

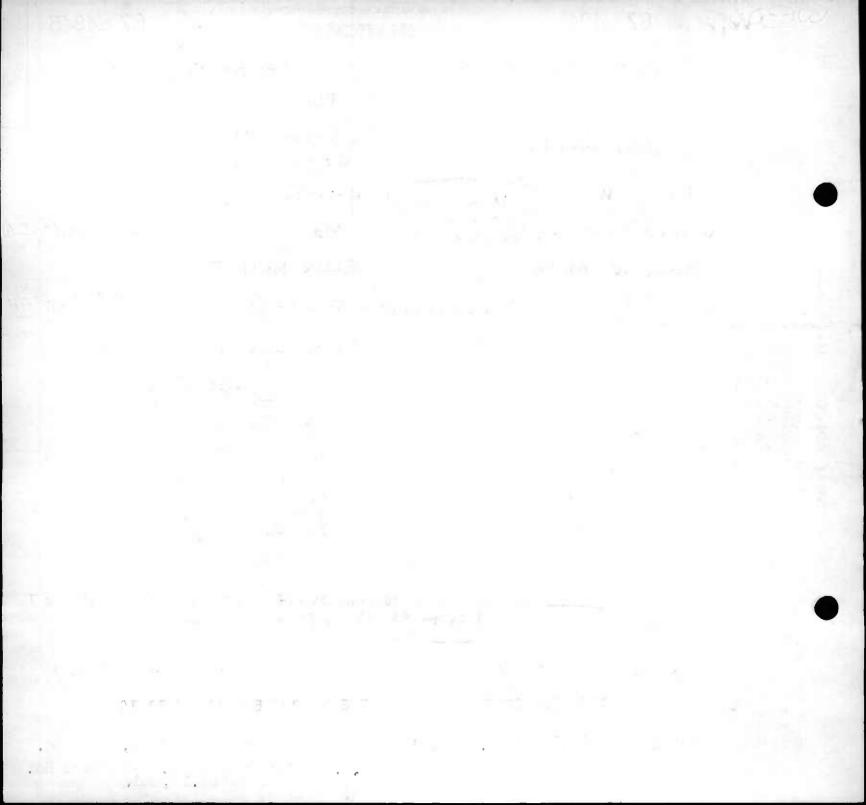


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased(1)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	~ ÷ vi	

	1011	BALTIMORE CIT	Y HEALTH DEPARTMENT		012 40 44
BIRTH NO. M.E. CASE N	67 4944	CERTIFICA	ATE OF DEATH	Registered No.	67 4944
1.NAME OF (Type or Print)	Voseph	Smith FORd		ND HOUR OF DEATH	11 A. N
3. PLACE OF	DEATH IN BALTIMORE, MARYL	AND	A. STATE B. COU	ere deceased lived. If institu	ution: residence before admission)
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location)	nstitution, give street	C. CITY OF TOWN , III o	utside city limits, write RUR	At any give township!
4		11 1	D. STREET ADDRESS (I	on Religion (	18-02
103	205 Bosiu	orth Ave	5205 Ba	sworth A	lve
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If In	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A, USUAL C	CCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTE	Y 11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF
120	st of working life, even if retired)		FAIRMUNT.	Md	WHAT COUNTRY?
13. FATHER'S		1	14. MOTHER'S MAIDEN NA	AME	
S Was Dece	HARRY FOR	? 1 6. SOCIAL	17 INFORMANY	mava	ADDRESS
	nown) (If yes, give wor or dotes of	security No. 212-01-8571	1.11/100	Fand (	7
1B.	20,11		OF DEATH	roka - Sy	INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DIRECT		CORONARY	OCCLUSION	ACUTE
heart fail	es na1 mean the made of dy ure, asthenia, etc. It means th camplication which coused de	e diseose,			, , , , , , , , , , , , , , , , , , ,
	ANTECEDENT CAUSES	(B) DUE TO	***************************************	·	
rise lo	S OR CONDITIONS, if any the obove couse (A) sl YING CONDITION last.				
E TO TH	II SIGNIFICANT CONDITIONS CON E DEATH BUT NOT RELATE OR CONDITION CAUSING IT.	NTRIBUTING HAT	BLEOD PRE	sure	BAGNETS
	E OF OPERATION 198. CONDIT WAS PERFOR	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notify medical examined	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., 21C. WHERE DID	(If in Boltimore Ci	ty, give exoct locotion)
OF INJU	RY		21 F. HOW DID IN	JURY OCCUR?	
(A PPROX.		While At Not Work At Work		16	14 16/17
	tify that (I) (this hospital) o	er n v	8 19 C7 and	hat in (my) (my) nothing	7. J. J. J. J. 19 G. J
		obove. (I) (We) (did not)			
23A. SIGN	Hert E. Ru	dingul, M.D. A	ttending Med.	Stoff Phys.	MAY 18, 1967
23C. PHYS	ALBERT E	Ruomon M.E	23D. ADDRESS D. 470/ Rhe	ity the	are.
24A. BURIAL	CREMATION, 24B, DATE AL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (City,	town, or county) (State)
BUR 25A. DATE R	IAL 5-22-67 EC'D BY HEALTH DEPT. 25	B. NAME OF REGISTEAR	25C. FUNERAL DIRECTO	DALTO, IV	ADDRESS / C
	MAY 22 1967 ()	blect & Farley MA	Ellswarth	HRMACOST	- 4600LIDERTY
VS 16Q-REV.	1/1/65	4 4	4 9 5 3		



Balto 12. Md.



Such

-11	67 4946	BALTIMORE CITY	HEALTH DEPARTMENT		CP 40.40		
BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered Na	67 4946		
	. CASE NO.	CERTITO					
	AME OF DECEASED  Rena E. Jam	i e son	2. Date and hour of Death 5/20/1967 4 P. M				
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	11 6 3 0 11	14. USUAL RESIDENCE (Whe		titution; residence defere admission)		
	FULL NAME OF (If not in hospital or instituting oddress or location)	on, give street	Maryland	ITY			
	NSTITUTION		C. CITY OR TOWN (If ou	tside city limits, with	UKAL and give tow(ship)		
11	- 1		Baltimore	12	-0/		
0	104 W. University F	kwy.	104 Univer	rurol, give locotion)	ay. Apt. B-1		
5. 5		ED. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Tr. If Under 24 Hrs. Months: Doys Hours Min.		
		wed, DIVORCED (specify)	2/16/1882	lost birthdoy)	Monms Doys Hours Wiffi.		
IOA	USUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLACE (Stote or fore	ian country)	12. CITIZEN OF		
	e during most of working life, even if retired)		110 01111111111111111111111111111111111	· g., • • • • · · · · · · · ·	WHAT COUNTRY?		
	Homemaker Own	Home	Howard Co	Md.	II.S.A		
13.	FATHER'S NAME		Howard Co	ME			
	Jerimah Peddicord		Emma Veirs				
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	579-60-5484	Mrs. Eva L.	Fae	(Same)		
-		CAUSE O		100	INTERVAL BETWEEN		
	18.332XI	CAUSE O	PULAIN		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY	-	0 0-4	- 0 -	0		
	LEADING TO DEATH	(A) (e	retoral the	wour.	Laa		
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. it means the disease,						
	injury or camplication which caused death.)	O'	0 0 - 01		1)		
	ANTECEDENT CAUSES	(B) Cla	elal and	Crip- sel	en.		
		DUE TO		The second secon	sec 1		
	DISEASES OR CONDITIONS, if any, give	A Total Control of the Control of th					
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			A 24/424		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE					
	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O 20B. IF YES, WERE F	INDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		Na	IN CERTIFYING CAL	ISES OF DEATH?		
E E	21A. A CCIDENT WAS UNDERLYING	21B. PLACE OF INJURT (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	City, give exoct locotion)		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	W W Solimore	ony, give exoci locolony		
18	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURT OCCURRED	21F, HOW DID IN	URY OCCUR?			
MEDI	OF INJURY	While At Not Whil					
	(APPROX.)	Work At Work			/		
	22. I certify that (I) (this hospital) attended	ed the deceased from	117	19 54 to 5	119 1967		
		5-11-	1 1	/	/		
	that (1) (we)_last saw the deceased alive	110		natin (my) ( <del>aua)</del> ⊸opid	nian death accurred on the date		
	and haur and fram the causes stated abav	e. (I) (₩6) (di/d) (di/di/mo) v	riew the bady after death.				
	23A. SIGNATURE				23 B. DATE SIGNED		
	6 RIF	M.D. Att	ending Med.	Stoff	5-77-61		
	as well and	Phy		Phys.	3 1		
	23C-PHYSICIAN'S NAME (Type) Day Norman D		23D. ADDRESS	a F			
	Dr. Norman R	. Freeman, In.	11 W. 295h	St.			
24/	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERT OF CR	EMATORT 24D. L	OCATION (C)	ly, town, or county) (State)		
	REMOVAL (Specify)		C+5				
	tombment 5/22/67	Fort Lincoln	Mausoleum V	lash.	D. C.		
254					ADDRESS		
	المال عد المال المالية	DE, Janber M.A.	n.w.Jenkins_	& Sons Co.	4905 York Rd.		
VS	150-REV. 1/1/65	<del>5700</del>	0 7 0 1	alto.12, 1	Act .		

de right grant Charles of the season is to and the House when the state of

Registered No CERTIFICATE OF DEATH Undetermined cause; (5) Deceased Such of death M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence MOVP 9. AGE (In veors If Under 24 Hrs. If Under 1 Yı. Months Doys Hours 12, CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH Primary in Colon 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacotion) the body was released to the hospital and that in (my) Dour) opinion death occurred on the date 23B. DATE SIGNED Union Memorial Hospital eceased (City, town, or county) shows: Woodlawn, Balto Co. Md.

NERAL DIRECTOR

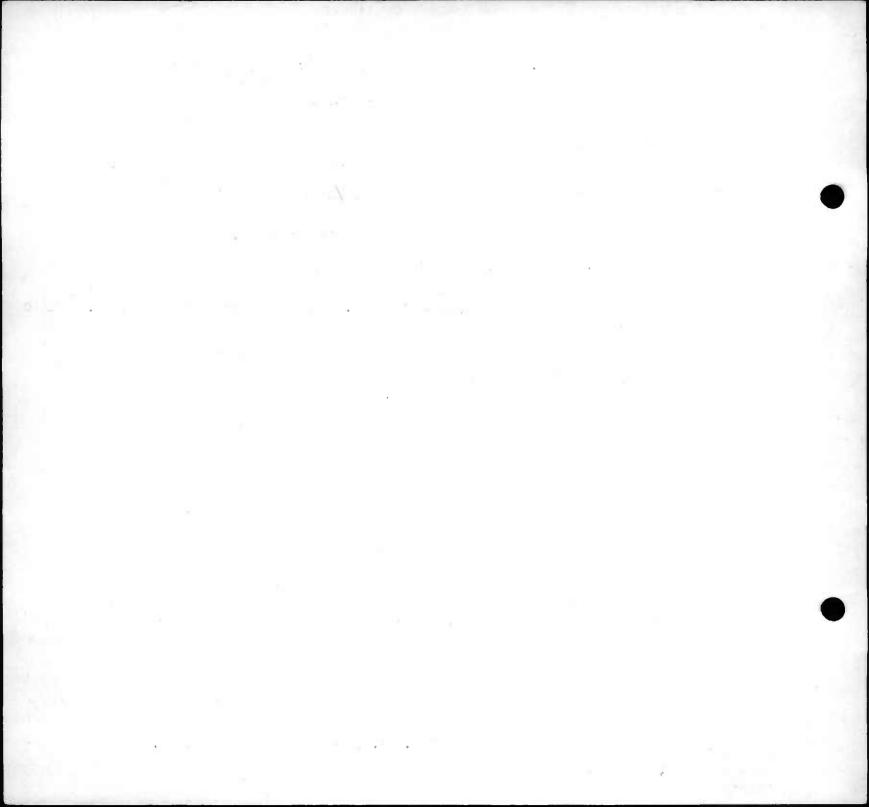
Jenkins & Sons Co. 4905 York Rd. Woodlawn. Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR võ } Balto.12. Md. VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

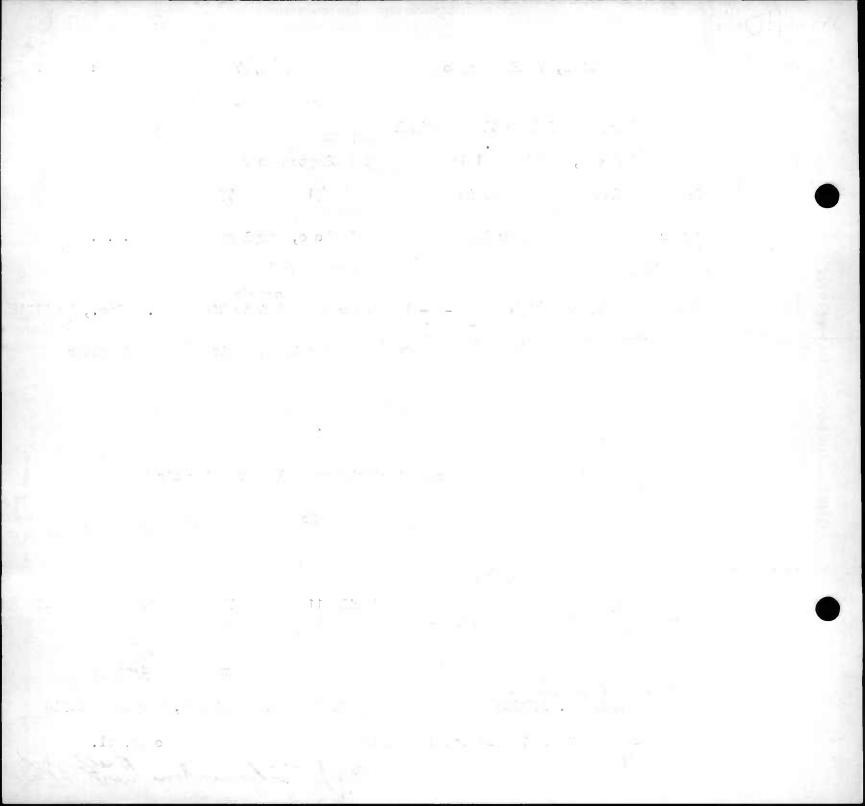
BIRTH NO.

Baltoness Cty Union Momeral Hospital 201 Freditions Local Fernals Corrosom 0+124 191 76 Batimon Hardand C. F. Joseph Adolph Deck Sally Johnston Mitastatic Care income to bear Probable Primary in Colon 5/12/67 Rossible Come 21 Mala Maren 7. 28/5 23

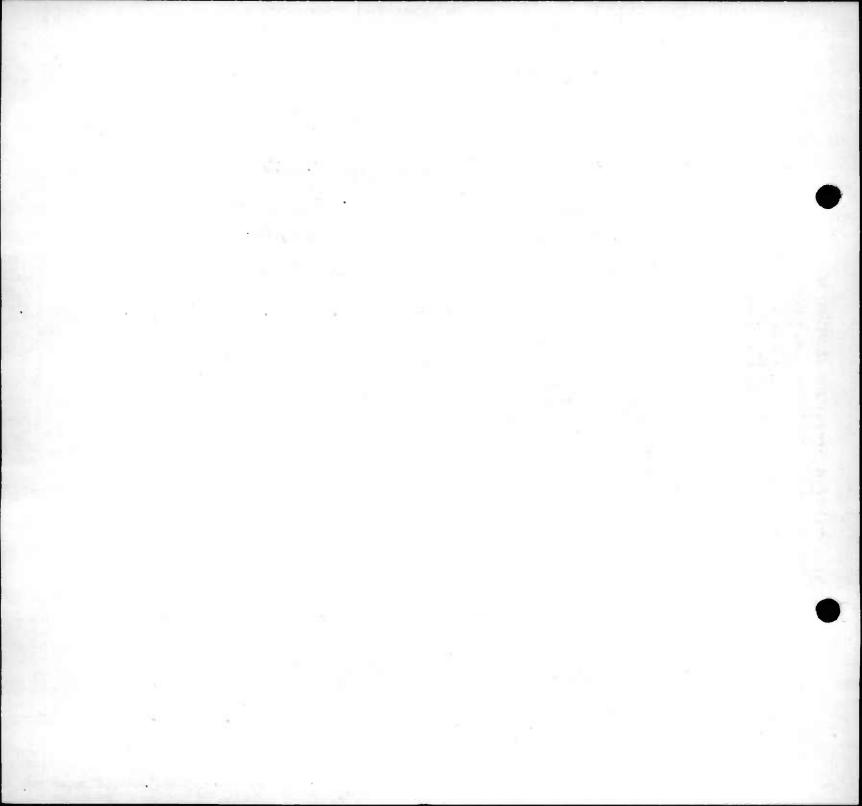
	BIRTH NO. 67 4948 M.E. CASE NO.			BALTIMORE CITY HEALTH DEPARTMENT 67 4040					
				CERTIFICA	CERTIFICATE OF DEATH  Registered No. 67 4948				
1.	I, NAME OF DECEASED  Type of Print)  ANNA W. BOOTH ANN W. BOOTH 5-18-67- 1/ AM								
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				sion)
	FULL NAME OF (If not in haspital ar institution, give street				Maryland				
	HOSPITAL OR	oddress or locatio		give sileet	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
					Baltimore 26-//				
116	1 Gou	ld Convalesar	ium		D. STREET ADDRESS (If rurol, give location)				
	1			X	943 South Bouldin Street 18				
5.	WIDO		7. MARRIED,	NEVER MARRIED  Q QIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 1 Months; Days Hours;  Months; Days Hours;				
-   -	Female	White	Wilder	idowed	7/4/1885	82		anths Days Hours Mi	
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	areign country)	1:	2. CITIZEN OF WHAT COUNTRY?	
de		working life, even if retired) ewife			Dolt dwown	Ma		WHAT COUNTRY?	
13	FATHER'S NAM				Baltimore 14. MOTHER'S MAIDEN N				
	Jame		Murdock			Koch			
15 (Y	. Was Deceased es,no or unknown	Ever in U. S. Armed Far (If yes, give war ar date	ces? es of service)	SECURITY NO.	17. INFORMANT		Box 12	7 Route 15	
	No	None		218-18-5423	Mr. Thomas M	urdock	Baltim	ore, Md. 212	20
	18.42	2.11		CAUSE O				INTERVAL BETWEEN	
	DISEAS	E OR CONDITION DI	RECTLY						
		LEADING TO DEATH		AGNIE	MYOCARDIAL FAILURE 5-16-			5-16-67	
	(This does not meon the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It means the disease,								
	injury or complication which coused death.)				CHEROTIC C. V. DISEASE 3-15-67			2-15-67	
	ANTECEDENT CAUSES					, , , , , ,	- N J /-		*******
		OR CONDITIONS, if		~ I	PARKINSONI	CIM			
		obove couse (A) G CONDITION lost.	sloling the	(C) <u>C</u> /	7777777	377			
	II								_
1 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
A T		EATH BUT NOT RELA		/	NONE				
								DINGS CONSIDERED	
	No.								
110	OR CONTRIBL	NT WAS UNDERLYING [	hom	PLACE OF INJURY (e.g., in e, farm, factory, street, of	office bldg., INJURY OCCUR?				
110	DEATH (natify medical examine) NE etc.)  NONE  NUE								
7	D 21D. TIME (Month) (Ooy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
3	OF INJURY (APPROX.) IVONE While At While At Work Work								
	that (1) (we) last saw the deceased alive an 5-16-6 19 and that in (my) (aur) apinian death accurred an the date								
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
	3 - 1 2						B, DATE SIGNED		
	7. G. Johanner & M.D. Attending Med. Director Director Phys.						5-18-67		
	23C. PHYSICÍAN'S NAME (Type)							/	
	E.A. SCHIMUNER M.D. 842 S. EAST ATE BALTO. MD 21224								
24	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)								
	Burial		967 Ma	reland Mem. Ph	Cema terr	Raltimo	re, Md.		
25		BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECT		io, nu.		-
		MAY 22 1967	100.	By E. FarberMA	Wml 71.1	me !	4/	Ball, hu	of.
I L	150-REV. 1/1/6	65	Lincol	7 7	1/0/1	april 1	ans	,	
						•			



				BALTIMORE CITY	HEALTH DEPARTM			16.40	20.000
		67 494	9	CERTIFICA	TE OF DEA	TH Regi	stered No.	4949	
1, N	AME OF DECEASE	D			2. D	ATE AND HOUR	OF DEATH		-
[[ '	pe or Print)	MILBY, (		Raymond		5/20/67		6:40	P M.
3. 1	PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				odmissian)
11 1	FULL NAME OF HOSPITAL OR	(If not in hospital address or location	1)	*	Delaware	Kent	limite write PIII	PAF and sive township	
'				on Hospital	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Smyrna				
	. / /	O Loch Rave	-		D. STREET ADDRESS (If rurol, give location)				
0		timore, Man		606 Clayton Road					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost highday) Male White Narried 8/29/91 lost highday) M								er 24 Hrs. Min.
		TION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stole	e or foreign countr	y)	12. CITIZEN OF WHAT COUNTRY?	
11	Farmer	ng me, even a temes,	Farmi	ng	Goldsboro, Maryland U.S.A.				
13.	FATHER'S NAME				14. MOTHER'S MAID	DEN NAME			
	John Milby	•			Susan Lync	h			
15. (Ye	Was Deceased Eve s, no or unknown) ((f	in U. S. Armed For yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Records		ADDRESS	-
	Yes 9	/5/17 to 5/	/30/19	222-12-4195	Veterans Ad	ministrat	ion Hosp	. Balto. Mo	21218
	18. 3 3 4	- X1		CAUSE O	F DEATH			INTERVAL BETY ONSET AND D	
		R CONDITION DI	RECTLY	Cere	ebral Arterbosclerosis			3 months	
	(This does not meon the made of dying, e.g., heart foilure, osthenio, etc. It means the diseose,							) monday	• =====================================
	injury or complication which caused death.)  ANTECEDENT CAUSES  (B)								
	DISEASES OR CONDITIONS, if ony, giving								
	rise to the a	bave cause (A) ONDITION lost,	stoling the	(C)	/ e= v= v= v= e=	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
z	II II								
ATION	TO THE DEAT	ANT CONDITIONS C H BUT NOT RELA ADITION CAUSING I	TED TO TH	E Broucutec.	tasis and p				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
AL C	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exoct locotion)							)	
MEDI	21D. TIME (M	onth) (Doy) (Year)		INJURY OCCURRED		DID INJURY OC	CUR?		100
	(APPROX.)  While At Not While Not Work  At Work								
	22. I certify that \$\po_{\colored}\$ (this hospital) attended the deceased from April 11 19 67 to May 20 19 67 ,								
	that (1) (we) last sow the deceased alive on May 20 19.67 and that in (3) (aur) opinion death occurred on the date								
	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								
M.D. Allending Med. Stoff Phys. Phys. 5/3							3B. DATE SIGNED		
								5/22/67	
	23C. PHYSICIAN'S NAME (Type)	RALPH H. T	WINING	M.D.	VA HOSP	ITAL Balt	imore, M	aryland 212	18
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (Slote)									
Removal 5/22/1967 Lakeside Cemetery Dever, Del.									
25/	A. DATE REC'D	AY 22 1967	25B, NAME C	b E, tarberman	Why .	ichne	usen	Bath	Ph.
1/0	150-REV 1/1/65		1			, 51			



67 4950	BALTIMORE CITY	HEALTH DEPARTMENT		67 4950	
BIRTH NO. 67 4950	CERTIFICA	TE OF DEATH	Registered No.	4330	
I. NAME OF DECEASED  (Type or Print)  John G. Heinlein  3. PLACE OF DEATH IN BALTIMORE MARYLAND			HOUR OF DEATH	3 3 Am. M. Itulian: residence before admission)	
FULL NAME OF (If not in hospital or institution, HOSPITAL OR oddress or location) INSTITUTION	give street	A. STATE B. COUNTY  Maryland  C. CITY OR FOWN (If outside Baltimore)			
3   Baltimore, City Hospia	tal	D. STREET ADDRESS (If rui	on Street		
M W WIDOW	D. NEVER MARRIED ED. DIVORCED (specify)  Annied	4.21/1911	55	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if refired)  Lead Burner		Baltimore, Man.  14. MOTHER'S MAIDEN NAMI		12. CITIZEN OF WHAT COUNTRY?  USA	
Heinlein		Anna Fisher	E		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 272-70-2106	17. INFORMANT  Mrs. Alma M. 1	Heinlein 20	3 S. (Linton St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease injury or complication which caused death.)		Tensus cardos desease		ONSET AND DEATH	
DISEASES OR CONDITIONS, it any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.  179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED	HE Fort	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED	
OR CONTRIBUTING CAUSE OF ho	B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact lacotion)	
OF INJURY (APPROX.)    OF INJURY   OF INJU	21F. HOW DID INJURY OCCUR?				
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haur and fram the causes stated above.	Fel	19	/	an death accurred an the date	
23A. SIGNATURE CESTIVITY & FRENCE ST.  23C. PHYSICIAN'S	M.D. Atte	ending Med. S	loff hy s,	3B, DATE SIGNED	
NAME (Type)  George J. 1975 y  24A. BURIAL CREMATION, 24B. DATE 24C. N  REMOVAL (Specify)	MAME of CEMETERY or CRE	426 S Palleron G	Ph Ar Sallery,	town, or county) (State)	
Burial May 24, 167 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME MAY 22 1967 Conference of the conference	New (athedra) OF REGISTRAR E. Fallyma	25C. FUNERAL DIRECTOR  John A. Manan	Inc 3000	E Dalting St	
VS 150-REV. 1/1/65		0 4 9 5 9	- Lear Jane	· comone st.	



and of death

LO

MOS

Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DEC 2. DATE AND HOUR (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (WI B. COUNTY C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) (If rural, give location) BOULDIN STRF If Under 1 YI. Months: Days If Under 24 Hrs. Haurs : Min. Haurs 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(🕼 (aur) aplnian death accurred an the date DATE SIGNED written approval HOSPITAL eceased (City, town, or county) 67 Holy Rede Redeemer emeteru 25C. FUNERAL DIRECTOR DEPT. 0 V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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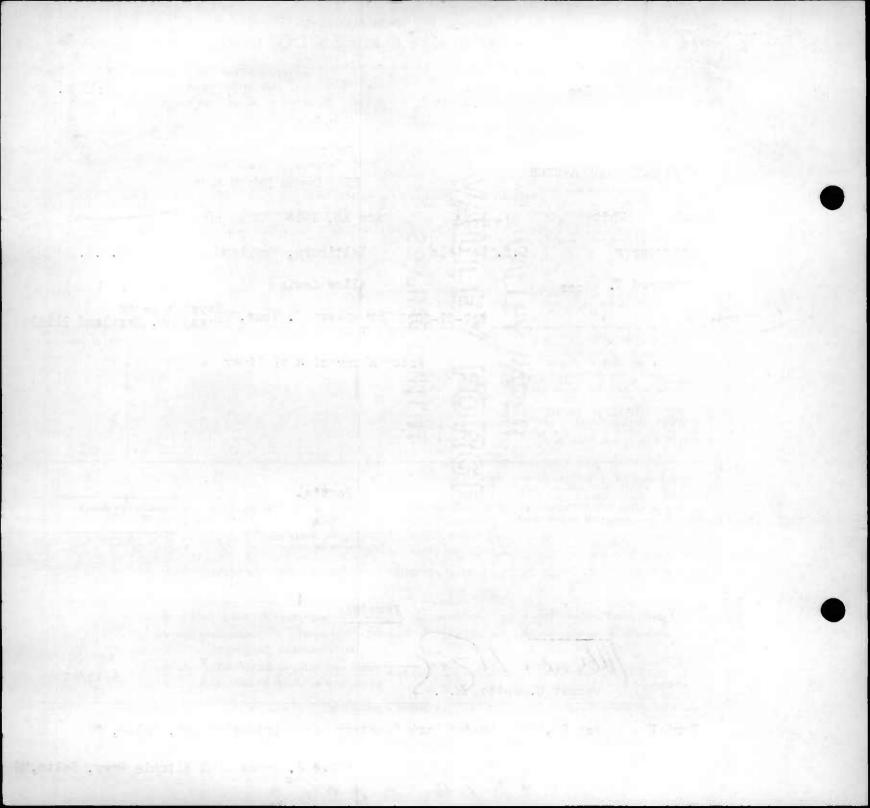
The bour Eleti Presumienca

All Apaulding 5/187 67 5/21

Mital C. Palazar

La cetti și ceal la fi escăci

l.	NAME OF DEC			77			OUR PRONOUNCE		15 D
3.	Emma		AND, WHERE PRON	VOSS OUNCED DEAD	4. USUAL RESIDE		8, 1967  osed lived. If instit  B. COU	tution: residence	before admission
l He	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  5529 GWYNN OAK AVENUE			C. CITY OR TOW Baltin	more	parate limits, write		e township)	
					ess (If roiol, give wynn Oak A				
	m 1 .	6.RACE White	WIDOWED	D, NEVER MARRIED , DIVORCED(specify)	8. DATE OF BIRTH	9	osl birthday		If Under 24 Hr. Hours Min.
10	DA. USUAL OCCU one during most of w	PATION (Give ki	nd of work 108. KIND if retired)	vorced of Business or Industr Daniels	RY 11. BIRTHPLACE	State or foreign con	untry)	12. CITIZEN OF WHAT CO	UNTRY?
13	B. FATHER'S NAM				14. MOTHER'S MA	AIDEN NAME			
15	S. WAS DECEASED	rd T. v	ARMED FORCES?	16. SOCIAL	Alice I	ewis		ADDRESS	
(Y	No No	(If yes, give wo	or or dotes of service	217-07-2020	Mr Edward	T. Voss.	Bayside		
	18.	1.0.			SE OF DEATH		Pasauen		RVAL BETWEEN
	heart failure, injury or com	NTECEDENT	mode of dying, e., It means the disease coused death.)	DUE TO	y alterati	on of five	er		
NO LE A CO	(This does n heart foilure, injury or com  A DISEASES (CRISE TO THE UNDERLYIN)  OTHER SIGN TO THE	ot meon the osthenio, etc. nplication which NTECEDENT OR CONDITIO E ABOVE CAU IG CONDITIO	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVIN( SE (A) STATING TH N LAST.  DITIONS CONTRIBU	(B)			er.		
NOITE	(This does n heart foilure, injury or com  A DISEASES ( RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A, DATE OF	ot meon the osthenio, etc. nplicotion which MTECEDENT OR CONDITIO IS ABOVE CAUGE CONDITION IN THE CONDITION OPERATION TO THE CONDITION OPERATION TO THE OSTATION TO THE OSTATI	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVING SE (A) STATING TH N LAST.  DITIONS CONTRIBU NOT RELATED TO CAUSING IT.	(B)	Parti	a.1	IF YES, WERE FIN		DERED
EDICAL CEDITICAL	(This does n heart foilure, injury or com  A DISEASES C RISE TO THE UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A. DATE OF  21A. EXTERNAL UNDERLYING CAUSE  UNDERLYING CAUSE  UNDERLYING CAUSE  21A. EXTERNAL UNDERLYING CAUSE	ot meon the osthenio, etc. nplicotion which NTECEDENT OR CONDITIO E ABOVE CAU G CONDITIO II SIFICANT CONDEATH BUT CONDITION COPERATION OPERATION COPERATION CONTRIB-	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVING SE (A) STATING TH N LAST.  DITIONS CONTRIBU NOT RELATED TO CAUSING IT.  98. CONDITION FO WAS PERFORMED	COLUMN TO THE R WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street,	Parti	a.1	IF YES, WERE FIN CERTIFYING CAUS Yes	ES OF DEATH?	
EDICAL CEDITICAL	(This does n heart foilure, injury or come of the company of the c	ot meon the osthenio, etc. nplicotion which NTECEDENT OR CONDITIO E ABOVE CAU G CONDITIO II SIFICANT CONDEATH BUT CONDITION COPERATION OPERATION COPERATION CONTRIB-	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVING SE (A) STATING TH N LAST.  DITIONS CONTRIBU NOT RELATED TO CAUSING IT.  19B. CONDITION FO WAS PERFORMED  21 ho etc.	TING THE  R WHICH OPERATION  B. PLACE OF INJURY (e.g., a.g., b.g.)  21 E. INJURY OCCURRED  WHICH AT NOT	Parti 20A. AUTOPSYY Yes , in or obout 21C, W office bldg, NJURY 21F. HC	a.1	IF YES, WERE FIN CERTIFYING CAUS YES Boltimore City, giv	ES OF DEATH?	
EDICAL CEDITICAL	OTHER SIGN TO THE DISEASE OR T	ot meon the osthenio, etc. application which MTECEDENT OR CONDITION ABOVE CAU IG CONDITION CONDEATH BUT CONDITION OPERATION OPERATION OPERATION OF CONTRIBUTION CONTRIBUTION (Month) (Do ify that I help ted from No.	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVING SE (A) STATING TH N LAST.  DITIONS CONTRIBU NOT RELATED TO CAUSING IT.  19B. CONDITION FO WAS PERFORMED  21 ho etc.	TING THE  R WHICH OPERATION  B. PLACE OF INJURY (e.g., me, form, foctory, street, while at NOT	Parti  20A. AUTOPSY Yes  in or obout 21E. HO  WHILE WORK  Partial utopsy  CHIEF MI	a1  (Yes or No) 20B. IN C  (HERE DID (If in OCCUR?)  OW DID INJURY C  thot on this bode Unde	IF YES, WERE FINCERTIFYING CAUS YES Boltimore City, giv	e exoct location	
MEDICAL	(This does in heart foilure, injury or come heart foilured and the heart foilure, injury or come heart foilured and the heart	ot meon the osthenio, etc. nplication which MTECEDENT DR CONDITIO DE ABOVE CAUGE CONDITION OF CONTRIBUTE OF DEATH.	mode of dying, e., It means the disease coused death.)  CAUSES NS, IF ANY, GIVING SE (A) STATING TH N LAST.  DITIONS CONTRIBU NOT RELATED TO CAUSING IT.  198. CONDITION FO WAS PERFORMED  21 ho et y) (Yeon) (Hour)	TING THE  R WHICH OPERATION  B. PLACE OF INJURY (e.g., c., c.)  21 E. INJURY OCCURRED  WHILE AT NOT AT NORK  Accident Suici	Parti 20A. AUTOPSY Type To office bldg. NJURY 21F. HC WORK Partial utopsy CHIEF ME ASSOCIATE M	a1  (Yes or No) 20B. IN C  (HERE DID (If in OCCUR?)  OW DID INJURY C  thot on this bode Unde	IF YES, WERE FINCERTIFYING CAUS YES Boltimore City, give consists, death in metermined monner with the consistency of the consi	ve exact location  by opinion  DA	TE SIGNED



	C let	BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 4954
	н но. 67 4954	CERTIFICA	TE OF DEATH	Registered Na	07 2004
1. N	AME OF DECEASED	-		AND HOUR OF DEATH	
	e or Print) FILLING, MAMIE AGNE	S		18, 1967	6:25 P M.
	FULL NAME OF (If not in hospital or institution, give	etreat	MARY LAND	here deceased lived. If ins	stitution: residence before odmission)
. 1	dospital or oddress or locotion)  NSTITUTION  T. AGNES HOSPITAL	3 (ree)	C. CITY OR TOWN (IF	outside city limits, write R	URAL and give township)
	ATON AND WILKENS AVENUES		D. STREET ADDRESS	(If rural, give lacation)	
В	ALTIMORE, MD. 21229		BOX 520, RO	OUTE 6	
5. S		VER MARRIED VORCED (specify)	8. DATE OF BIRTH 9/19/91	9. AGE (In years tost-birthdoy)	It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
R	e during most of working life, even if refired)  ETIRED HOUSEKEEPER HOUSE FATHER'S NAME	KEEPING	MARYLAND	I A MF	USA
					LINKNOWN) DECTO
	ETER STARK DEC D			MAIDEN NAME	,
(Ye:	s,no or unknown) (If yes, give wor or dates at service)	SOCIAL SECURITY NO.	Mrs Rita Meye	Box 520 Ro Pasadena.	oute #6
	18. Lef as lafe 1	CAUSE O	F DEATH	1 abauciia,	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PNEUN	10 NIA- due lo-FLE	PSICILA PNEUMONI	ONSET AND DEATH
	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which caused death.)	DUE TO		1 -15	1.7
	ANTECEDENT CAUSES	(B) PULN	reps (AHNOL	wh	
	DISEASES OR CONDITIONS, if any, giving				
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C) COMO	gestive HEAR	T- FAILURE	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	CE OF INJURY (e.g., in orm, factory, street, of	or obout 21C. WHERE DID	(It in Baltimore	City, give exact locotion)
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID	NJURY OCCUR?	
ξ	OF INJURY (APPROX.) While A		•		
	22. I certify that (X) (this hospital) attended the d	At Work	PR 11 22	19 67 to MAY	18 67
	that ()( (we) last saw the deceased alive an MA				nian death accurred on the date
	and have and from the causes stated above. (1) (W	e) (did) (ðið ňoň) v	iew the body after deat	h.	
	23A. SIGNATURE	M.D. Atte	ending Med. Director	Staff Phys.	05/18/67
	23C. PHYSICIAN'S NAME (Type) FEDERICO POLLICINA		T. AGNES HOS	BALTO PITAL-CATON	E WILKENS AVES.
244	BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY or CRE			ly, town, or county) (State)
	Burial May 22.1967 Hol	T Rosemi Co	mateny	mmon H433 DA	Rolto Mamuland
254	DATE REC'D BY HEALTH DEPT. 258. NAME OF RI	y Rosary Ce	25C. FUNERAL DIRECT	OR	Balto, Maryland ADDRESS
	400004 -1	TO DOO!	George J.	ionce, 4001 Ri	tchie Hgwy, Balto.
V.2	150-REV. 1/1/65	100	0 4 7 6	3	

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N						BALTIMORE CITY	HEALTH DEPARTM	ENT		017	4000
4	5	H NO.	67	4957		CERTIFICA	TE OF DEA	TH Regi	stered No	6/	4957
	1. N. (Typ	AME OF DEC	#E/	VRY	JACO	BP	ETRI	5/19/6	57	7:44	4 P. M.
		LACE OF DEA			LAND		4. USUAL RESIDENCE	E (Where deceas COUNTY	ed lived. If institut	ion: residence	e before odmission)
	H	OSPITAL OR	, oddr	ess or location)	EMOR		c. CITY OR TOWN	(If outside city	limits, ware KURA	L ond give	lownship)
		44	HO:	5P17	AL		D. STREET ADDRESS	Of (If rurol, give		EA	VE
100	5. S	EX M	6. RACE	N	MARRIED, NEVE WIDOWED, DIV Marri	ORCED (specify)	B. DATE OF BIRTH	9. AGE (lost birth	In years If Ma	Under 1 Yr.	If Under 24 Hrs. Hours Min,
2 101		during most of		even if retired)	OB. KIND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign count	ry) 12	CITIZEN OF WHAT CO	
sposi	13. (	FATHERS NAM	V L	PE	ETRI		14. MOTHER'S MAID		VKE,	AM	ELIA
מופ	15. V (Yes	Was Deceased i, no or unknown	Ever in U.	S. Armed Force	of service) 16.5	OCIAL ECURITY NO. 2/2-09-5	17. INFORMANT	1100	~	ADDR	
70		18. HDISEAS	O , /	NOITION DIRE	O 40		F DEATH	1400	1	INTERV ONSET	AL BETWEEN
	1		LEA DING	TO DEATH	dying, e.g.	EXAMINE TO	i myocas	hial inf	odio va		
e E		111/01/ 01 0011	ipite ito ii	NT CAUSES	deoth.)	A DUE TO	Ais Solon	hr a	dio Va	sente	w
1s are		DISEASES C	e obove	ITIONS, if o couse (A) ION lost.	ny, giving stoting the	) S (C)				asa	Slee
remai	TION	TO THE D	EATH BU	II  ONDITIONS CO T NOT RELAT N CAUSING IT	ED TO THE	FRA	CTURE	RY.	lenus		
betore the	RTIFICA	19A. DATE OF			ITION FOR WHICH		20 A. AUTOPSY TY	or No. 20B. Of	YES WERE FIND	INGS CONS	IDERED
Detor		21 A COLDEI OR CONTRIBU DEATH (notify			21 B. PLAC home, for etc.)	m, foctory, street, c	n or about 21 C. WHERE ffice bldg., INJURY OC	CUR HON	in following Sit	ALTO	AVE
ained	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month)	(Day) (Yeor) 5 /60	Hour 21E, INJU	RY OCCURRED  Not White At Work	le 🗔	FEL	CUR?	BK	HSEMEN
opt				his hospital)	attended the de	ceased from	4/15	19 67	to 5	death occ	19 6.7.
must be			d from the			0.	view the body after			DATE SIGN	-
		23C. PHYSICIA	all	MA	Mans	M.D. Att	ending Med. Directo	Staff Phys.	2 0	5/1	9/67
approval		23C. PHYSICIA NAME (I		F BAF	24C. NAME	VCd M.D.	TAPUNION	MEMOR 1	AL HOSP	JAL own, or coun	a Clare (Stole)
rirren o		Buria	Specify)	5/23/67	Baltime	ore Nation	al Cemetery		Baltimore	, Md.	
*	ZSA	. DATE REC'D	MAY 2	2. 1967.	R. P. B. E.	Farber MA	Leonard J	· Ruck,	Inc. Balto	. Md.	21214
	VS	150-REV. 1/1/	85	V 5 2	1001	U	1496	6			

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		67 49	000	BAL	TIMORE CITY	HEALTH I	DEPARTMENT		us III	Olti	405	
	H NO. . CASE NO.	0/ 48	958	CEI	RTIFICA	TE OF	DEATH	R	egistered No	67	495	1
1. N	AME OF DECE		C 1 1 10 1	D. 1		-			UR OF DEAT	Н	0 5	
		OGERS		RIES E				17.	- 4		8.5	6. M.
	LACE OF DEA	TH IN BALTIMORE,		ion, give street		A. STATE	RESIDENCE (V B, CO	Where dec DUNTY	eased lived, If	institution:	residence befor	e adinission)
1	OSPITAL OR NSTITUTION	oddress or lo	cotion)	0		c. CITY C	TTIMOR	f outside o	ity limits, writ	0	d give townshi	ip)
	46	aumo	au n	ospital		D. STREET	ADDRESS LI		give location)	SL.		
5. 5	EX ,	6. RACE		RIED, NEVER MA		BA DATE O		9. AG	E (In years	If Unde	er 1 Yr., If U	nder 24 His.
404	M.	C. PATION (Give kind o		MAPRIL	50	June	19.188	Post bi	79		Doys Hours	Min.
		orking life, even if reli		0 0 00 000	ok iitooyiki	Ba	etim	# 10	ms.	WH	1. S. A.	?
13.	FATHER'S NAM	E		0		14. MOTH	ER'S MAIDEN	NAME	,,,,,,			
		Wille	am	Roge	ns		Un	zkr	laws	~		
		<b>Ever in U. S. Arme</b> (If yes, give war o		ice) 1 6. SOCIAI	ITY NO.	17. INFORM	AANT	2			ADDRESS	
	NO			212.4	03.237	Cla	a to	oge	rs	A	ani	2
	1B. OISEASI	OR CONDITION	DIRECTLY	X	CAUSE O	F DEATH	1 0.	0			INTERVAL BE	
		EADING TO DE			(A) MI	Mark	le m	yela	na		6 lucus	43.
	heoil foiluie, d	I meon the mode osthenio, etc. It m oticotion which co	eons the dise		DUE TO		Ó	7				© de-de-de-de-de-de-de-de-de-de-de-de-de-d
	A	NTECEDENT CA	USES		(B)							
	DISEASES O	R CONDITIONS,	if ony, gi	ving	DOFIO							
		obove couse CONDITION los		Ihe	(C)							
		- 11			7	a 0	0	0				
ATION	TO THE DE	ICANT CONDITION ATH BUT NOT CONDITION CAUSI	RELATED TO		mas	peses	welst	us				
ERTIFIC	19A. DATE OF		CONDITION F	OR WHICH OPE	RATION	20 A. A.	JTOPSY (Yes)or	r No) 20B IN	. IF YES, WER CERTIFYING	E FINDINGS	CONSIDERED DEATH?	
AL CE	OR CONTRIBUT	T WAS UNDERLYING CAUSE OF		21 B. PLACE OF home, form, loc etc.)	INJURY (e.g., i ctory, street, o	n or obaut 2 ffice bldg., 1	C. WHERE DIC	D t?	(If in Boltim	nore City, giv	ve exoct locoti	on)
DICA		medical examiner)	,									
MEC	OF INJURY	(Month) (Doy) (	feor) (Hour)	While AI	Not Whil		IF. HOW DID	INJURY	OCCUR?			
	(APPROX.)			Work L	At Work			6.	7	5 17		67
	22. I certify t	that (1) (this has	pitol) attend	ed the deceose	d from	9.0		199	to			.19
	that (I) (we)	lost sow the dec	eased alive	an	//	19	O ( and	that in	(my) (aur) a	pinion dec	ith accurred	an the date
	and haur and	fram the causes	stated abav	e. (I) (We) (did	d) ( <del>did not)</del> v	riew the bo	dy after deat	th.				
	23A. SIGNATUS	as lac	derino	m.	M.D. Alli	ending	Med. Director	Stoff Phys.	X	- American	-17-6	7
	23C. PHYSICIAN NAME (Ty		FOJKO	Oric	M.D.	23D. ADDRI	Lerau	Ka	omta	e .	- 541	127
24 A	BURIAL CREM	AATION, 24B. DAT	E  24	C. NAME OF CEA	METERY of CR	EMATORY	A 240	D. LOCAT	ION -	(City, town,	or county)	(Stote)
25A	DATE REC'D	BY HEALTH DEPT.	2/67 / 258. NA	ME OF REGISTR	luss)	Mene 259. FL	INERAL DIRECT	TOR	lign	are	ADDRESS	no
VS	150-REV. 1/1/6	AY 22 196	7 0.0	Se 30	A SELPHAN	us	ugto	A Sept	Flull	yeu ,	17211	Mound
VS	150-REV. 1/1/6	5	\$ at	Ser 1	Not have		200	2				-10

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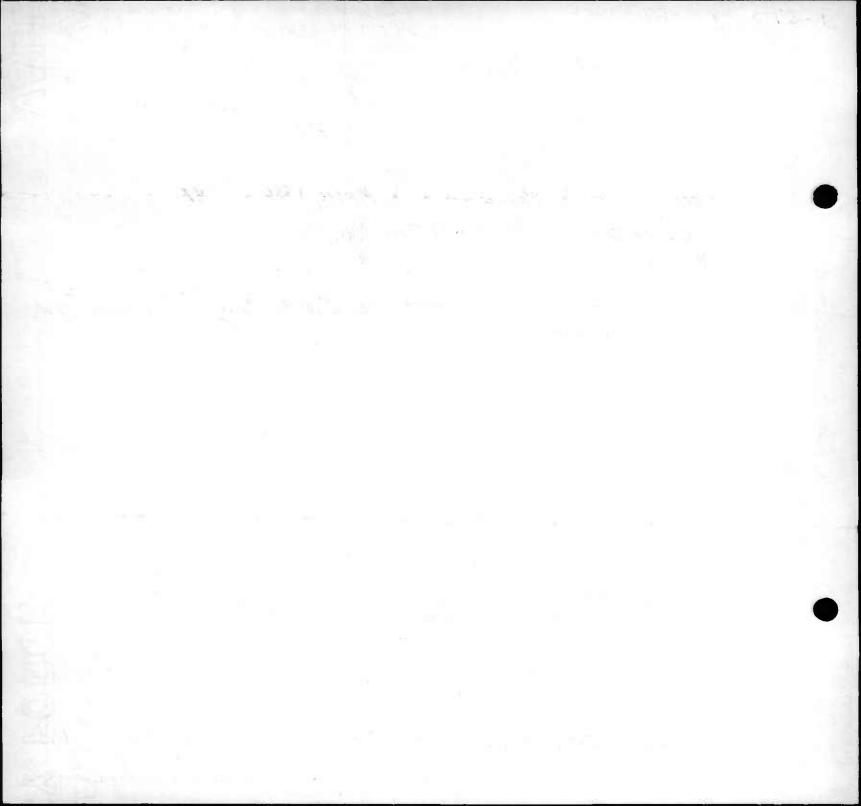
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	67 4959	BALTIMORE CITY	HEALTH DEPARTMENT		67	1050
	IH NO. 67 0454 4959	CERTIFICA	TE OF DEATH	Registered No	07	4000
1,1	DAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
	PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	5-67	1441	3 H W
3.	THE OF BEATH IN BALTIMORE, MARIEARD		A. STATE B. COUN	TY	itution: tesidenc	e before odmission)
11	FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR address or location)		C. CITY ON TOWN SHOULD	side city limits, write RU	IRAL and aive	township
	NSTITUTION Has bies	, Hospital	Balti	me	1.	28-02
P	Journa Hopman	'	D. STREET ADDRESS (III	urol, give focotion)	0	
			3605-WL	eley an	l 1	
f.		DIVORCED (specify)	5/15/67	ost blandoy)	Months Doys	Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF) e during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BUTHPLACE (Stote of foreign	gn country)	12. CITIZEN O	
12						
13.	FATHER'S NAME	!	14. MOTHER'S MAIDEN NAA	AE D	1	
15	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	· lar	RIK	165
{Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	0.00		700,	
$\  -$	18. 7 4	CAUSE O	F DEATH			VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0	-A		ONSET	AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) PA	emalienlez			
	heort loiture, osthenio, etc. It means the disease, injury or complication which caused death.)	A	11-1-6	1		
	ANTECEDENT CAUSES	(B) Mul	tiple Congenita	I anemilia	2	
	DISEASES OR CONDITIONS, if any, giving	006.10	ematurity typle Congenita			
	rise to the above cause (A) stating the UNDERLYING CONDITION lost,	(C)		***************************************	~~~	
	11					
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
ICATI	DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONS	SIDERED
ERTIFIC	WAS PERFORMED		YES	NO NO	SES OF DEATH	?
CAL C	21A. A CCIDENT WAS UNDERLYING 21B. P OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. P home, etc.)	LACE OF INJURY (e.g., in farm, factory, street, of	n or obout ZIC. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give exac	t location)
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	(APPROX.) While					
	22. I certify that (I) (this hospital) attended the	deceased from	5/15-1	9 67 10	5/15	1967.
	that (I) (we) lost saw the deceased alive an	-> /	/ \ "/!]	t in (my) (our) opini	,	
	and hour and from the causes stated obove. (1)	(We) (did) (did not) v	iew the body after death.			
	23A. SIGNATURE				38. DATE SIGN	NED
	Sunk Vetre	Phy		Phys.	3/15	/67
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
24	IRUN COHEN	M.D.	JOHNS HOPKINS			
	REMOVAL (Specify)	ME OF CEMETERY OF CRE			Nown, or coun	ty) (State)
	CREMATION 5-15-67 JOHI	NS HOPKINS H	25C. FUNERAL DIRECTOR	TIMORE, MAR		DDRESS
	22 AV CO 4007 A	E, Farker MA	HISPI	TAL DISPO	SAL "	- VnL33
VS	150-REV. 1/1/65	5 7 0 0	9 4 9 6 6	)		

N 112-7	BALTIMORE CITY HEALTH DEPARTMENT	08 4000
11-400	BIRTH NO. 67 4.960 CERTIFICATE OF DEATH Registered No.	57 4960
and eath ase the	M.E. CASE NO.	
f de con	(Type or Print) MVS. KATHRYN HARRIE NELSON 5 (20/1967	3 10 Pm.
of of ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, if institute a STATE B. COUNTY Here.	
se Se Se Jance	FULL NAME OF (If not in hospital or institution, give street)	Bel Air
a h (aus (e; (	HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL	ond give township)
7 - 0 0 0	UNION MEMORIAL HOSP BALTIMOR	t 62-32
d cat	D. STREET ADDRESS (If rurol, give location)	(he o
3 0 B TO	3.4	
occur ontrib regul	Female white widowed 11-05-1894 lost birthdoy 72	Jnder 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
, 6 0 0 - 6 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoje or Joreign country) 12.	CITIZEN OF
or condition of the single of the single of the single of the or	done during most of working life, even if retired)  refixed Housewife Homemaker Pennsylvania	WHAT COUNTRY?
de de si	13. FATHER'S NAME	0, 0, , ,
if d (4) U (4) U the	Reuben Stoll margaret Neagley	
ANN Stant ind; ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
King dee	1NO Seippel	( from court
POP Nis ass o, if f any nced or fd or f	18. 331X1 014 22 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONJE! AND DEATH
A - TO V O O DE	(This does not mean the made of dying, e.g., DUE TO	
Ar	heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.)	
50 Transpoor	ANTECEDENT CAUSES  (B)  DUE TO	3 cmm3 c c c c c c c c c c c c c c c c c
3 30 40 5 4 5 5 5	DISEASES OR CONDITIONS, if any, giving	
D X O X E E E	rise to the above couse (A) stating the (C) UNDERLYING CONDITION lost,	
ain as air		
AL DAL Dedice sedica burns, hysici n was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
LO E Y COS	UISEASE OR CONDITION CAUSING II.	NGS CONSIDERED
N Sin ihi	WAS PERFORMED WAS PERFORMED	OF DEATH?
Physical Phy	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID	, give exact location)
to the control of the	V DEATH (notify medical examiner)	
Co transport	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
( o d D o D iii	(APPROX.) While At Work At Work	
Do o o x E t	22. I certify that # (this hospital) attended the deceased fram 05 -08 1967 ta 05	-20 1967.
0 0 0 0 0	that (# (we) last saw the deceased alive on 05 - 20 1967 30m and that in (aur) apinlan	death accurred on the date
0057	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
dent dent dent dent dent dent	That I make the particle	DATE SIGNED
	Phys. Director Phys.	5-20-196
Was r Anar Prior	23C. PHYSICIAN'S NAME (Type)	0 H
	GISELLEGIE CORRETZ BRETZ M.D. THE UNTON MEMORIAL HOSP	PTAL TOOPP.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, to.)	wn, or county) (5 te)
This certifie bod shows: (was D.C	TSURIAL MAY 23, 967 OAKIAND CEMETERS FRANKERID Phila. P.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR W. Broke  WAY 23 1967 P. Lafreyth BOSEPH William Foster Bel A.  VS 150-REV. 1/1/85	Eunsylvavia
This of the bashow was was deceded written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR W. POTOR	the summillen & Court
2	VS 150-REV. 1/1/85	in I HAMMY SIOIL
	Darke rapillary toother	

17 HB1-20-11 some while whomes (adjuste) The world street thereton Margaret beagery 11012 maluell samplele Mrs Serppe & from Milgran Lugus 201 05-20 Annichoung y what Tope I. 1-05-1 , c c · · · · · ∃ · · · · · ∃ T 

	67 4961 BALTIMORE CITY HEALTH DEPARTMENT	0 m 4001
- 11	BIRTH NO. CERTIFICATE OF DEATH Registred No.	67 4961
	M.E. CASE NO.  2. DATE AND HOUR OF DEATH  Type or Print)  2. DATE AND HOUR OF DEATH	
	5 /17/6-1	1 1292 Am.
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution and a state of the state	0
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  C. CITY OR TOWN (If outside city limits, write RURA)	
-	INSTITUTION BELAIR	62-0
1	D. STREET ADDRESS (If rurol, give locotion)	
	UNIV 9/110 1107	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MAY 10, 1886 9. AGE (In years lost birthdoy) MAY 10, 1886	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
計	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIR HPLACE (Stole or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	CARPENIER STEED RETINED MOUNTS A	1.5,A.
	13 FATHERS NAME	
	"WILLIAM I. ChOMOSON" EDILAH. JONES	
	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.	merec. ST
	- ! The Gra. M. Casey Haved	Brace fild.
	DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) MELASLATIC CARCINOMA	4 pers
	(This does not meon the mode of dying, e.g., DUE TO healt lailure, asthenia, etc. It means the disease,	
	(This does not meen the mode of dying, e.g., heat loiluie, osthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DUE TO	6 Mus
	DISEASES OR CONDITIONS, if ony, giving	
	iise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost,	88 T
	_	
	OF THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		NGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. IF YES, WERE FINDING CAUSES	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office blog, INJURY OCCUR?	, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX)  While AI Not While At Work	
	22. I certify that (I) (this haspital) attended the deceased from 4/29/67 19 67 to	1967
	that (1) (we) last saw the deceased alive an 7/18 19 67 and that in (my) (aur) apinian	death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (did set) view the bady after death.  23A. SIGNATURE	, DATE SIGNEDY
	Allending Med. Stoff Phys. Director Phys. D	5/19/67
	23C. PHYSICIAN'S WAME (Type)  AC 121	7.17
	SQMES MICH M.D. Whi of He Hogy 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City, to	wn, or county) (State)
	REMOVAL (Specify)	7
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	ADDRESS office
	MAY 23 1967 1 Of the Extandruma 18-11 advan Miletal)	Javed Tracello.
,	AZ 120-KEA. 1/1/MILLI DI IAA. 1/1/MILLI DI IAA.	,



	Olm	BALTIMORE CITY	HEALTH DEPARTMENT		67 1000
	н но. 67 4962	CERTIFICA	TE OF DEATH	Registered Na.	07 4502
	CASE NO.		2. DATE AN	D HOUR OF DEATH	
	e or Print) Mills ROGET SKI'WI	101	may	21, 1967	111:40 Am
3. P	LACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	TY <sub>D</sub>	ution: residence before admission)
ŀ	ULL NAME OF (If not in hospital or institution, give IOSPITAL OR oddress or location) NSTITUTION	streel	C. CITY OR TOWN (If out	side city limits, write RUB	LAL and give township)
T	ranklin Square Hospital		D. STREET ADDRESS (If	rural, give location)	1-02
	3 (		21 N. 9	ilmore st	
s, s	6. RACE 6. RACE 7. MARRIED, NEW WIDOWED, DI	VER MARRIED IVORCED specify)	4/21/05	9. AGE (In years lost birthdoy)	f Under 1 Yr. If Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	SINESS OR INDUSTRY	11, BIRTHPLACE (Stole or forei	gn country)	2. CITIZEN OF
12	Laborer 13+0	K.K.	N. Cayoli'	na	11,5,A
13.	FATHERS NAME	•	14. MOTHER'S MAIDEN NAM	WE .	13/3
15,	Wos Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	1 44	ADDRESS
(Yes	,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Chamentin	Windusm	
	18. 4 2 2 / 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Com	gestive HearT idary to A.S. C. V. L	failure	from : Fieb. 1967
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	DUE	day to		to: may 21, 1969
	ANTECEDENT CAUSES	(B)	A CUI	) and	
	DISEASES OR CONDITIONS, if any, giving	DUE 10		_	
	rise la lhe obave couse (A) stoling the UNDERLYING CONDITION last.	(C)	pulmonary	Cimping sem	
VIION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	i.l			
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	CH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., i arm, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
EDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E, IN.	IURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.) While A	At Work			
	22. I certify that (I) (this hospital) attended the c	leceased from Q	pril 4	19 67 to gra	4 -1, 1967
	that (1) (we) last saw the deceased alive an				
	and haur ond fram the causes stated obave. (1) (\)	(e) (did) (did nat)	view the body after death.		
	23A. SIGNATURE	/			B. DATE SIGNED
	Sang Bae Of	Phy		Stoff Phys.	may 21, 67
	23C. PHYSICIANS NAME (Type)	M.D.	23D. ADDRESS		
244	BURIAL CREMATION, 248. DATE 24C. NAME	of CHAETERY OF CR	EMATORY 24D	OCATION (City,	town or goungy) (Stofe)
1	Juna 5-25-67 W	butes	J lees	bulers x	salle, MX
2SA	MAY 23 1967 258, NAME OF R	EGISTBAR LOUPEN	SULLON DU	Moon 1913	310, Buth, M
VS	150-REV. 1/1/6S	10 n	1 4 9 7		

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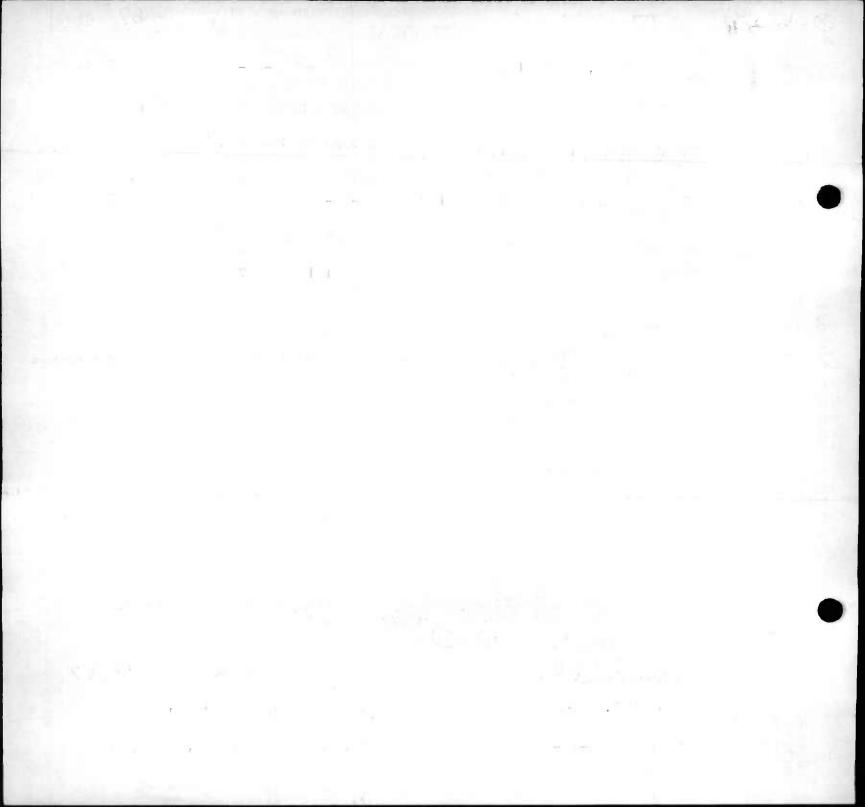
FUNERAL DIRECTOR: IMPORTANT	ORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	s assistant if death occurred in a hospital and it if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Deceased ced death was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	or final disposition is made.

CE	6)()()	BALTIMORE CITY	HEALTH DEPARTMENT	6	67 4963		
	966	CERTIFICA	ATE OF DEATH Registered No.				
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	GER SHAW		2. DATE AND 5-21	HOUR OF DEATH	12:45 P		
3. PLACE OF DEATH IN BAL		1.00	4. USUAL RESIDENCE (Where	e deceased tived. If insti	tutian: residence before admission		
FULL NAME OF (If no	t in hospitol or institutio	n, give street	A. MARYLAND				
INSTITUTION	ss or location)		BALTIMORE		RAL and give township		
33 THE JOHNS	HOPKINS H	OSP1TAL	D. STREET ADDRESS (If a	ADWAY			
SEX 6. RACE NEG		ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 9-25-24	ost birthday)	If Under 1 Yr. If Under 24 Hounth's Days Hours Min.		
tOA, USUAL OCCUPATION (Gir done during most of warking life, e		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE			
OLIVER SH	A W		CELESTE		V		
5. Was Deceased Ever in U. (Yes, no or unknown) (If yes, given	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
18. 24 45 X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ENAL FAILURE		2 WEEKS		
(This does not mean the	e made of dying, e	g., DUE TO					
injury at camplication w	hich caused death.)		LIGNANT HYPER	TENSION	6 Months		
ANTECEDE		DUE TO			***************************************		
rise to the above	cause (A) slating	=	***************************************				
UNDERLYING CONDITI	ON last,						
OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO		M A				
19A. DATE OF OPERATION		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED SES OF DEATH?		
OR CONTRIBUTING CA	USE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimore (	City, give exact location)		
21D. TIME (Month)	,	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
(APPROX.)		While At Not While Wark At Work					
22. I certify that 🖔 (th	is haspital) attende	d the deceased fram M	ARCH 25, 1	967 10 MA	Y 21 19 67		
that ( <b>X</b> (we) last saw t	he deceased alive a	MAY 21,	19 67 and the	at in(my) (aur) apini	an death accurred an the d		
	causes stated above	. (X (We) (did) (dXXX)	view the bady after death.				
23A. SIGNATURE	0.1.	0 40 40	ending Med.	_	5-21-67		
www.po	un our	P M.D. All	vs. Director	Stoff Phys.	)-21-07		
PAME (Type)	V. SPAULDE	NG M.D.	THE JOHNS	HOPKINS HO	SPITAL		
24A. BURIAL CREMATION, 2.	18. DATE 240	MAME OF CEMETERY OF CR	EMATORY (8) 24D. LC	CATION (City,	town, or county) (Slote)		
25A. DATE REC'D BY HEALTH	DEPT.   258, NAM	ENTERISTRAN	25C. FUNERAL DIRECTOR	ausen	ADDRESS		
		e a Fr. Owne	Beasla	1 Lun H	AMP. DO.		
VS 150-REV. 1/1745 Y 2	1961 116		0 1 0 7 0	1 mil	41111		

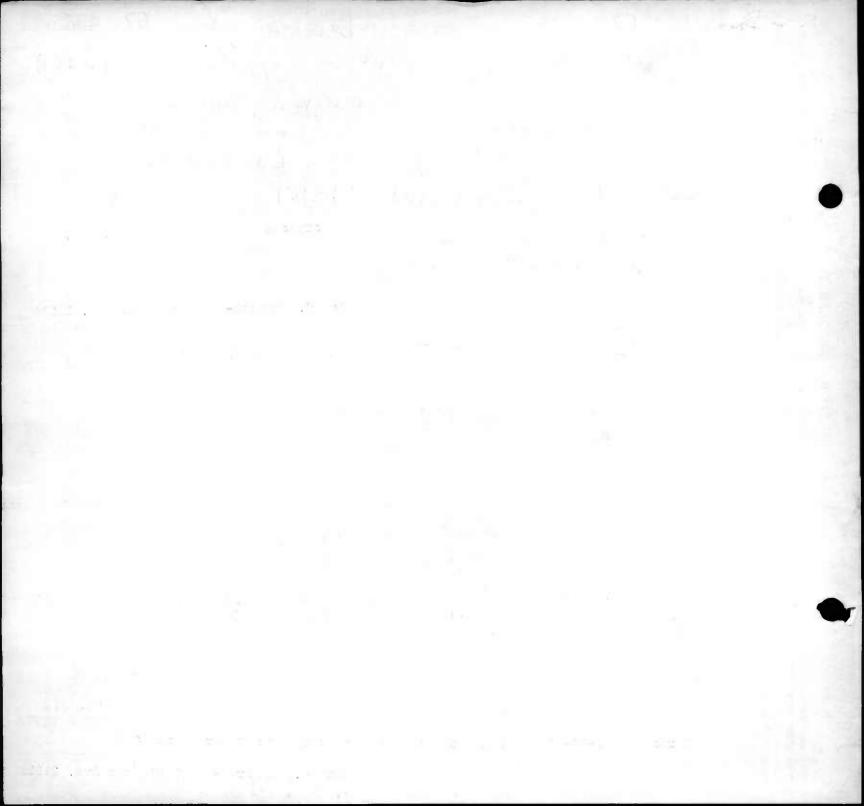
A TIBLE SELECTION STORY Y [ A Y ... 

		FUNERA	IT DI	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT					0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death for shows: (1) An accident of any nature: (2) Rody burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	ved by the	he chief m by a me	edical dical	examiner.	or his ass Also, if	istant i	f death	occurred	in a hosp g cause	ital and of death	-6
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispasition is made.	ept whe d (6) No ained be	physician	ysicia was main	n who proint regular sare embal	attendar med or f	death inal dis	was in he dece	regular a ased pri	ittendance or to dea	on the	26

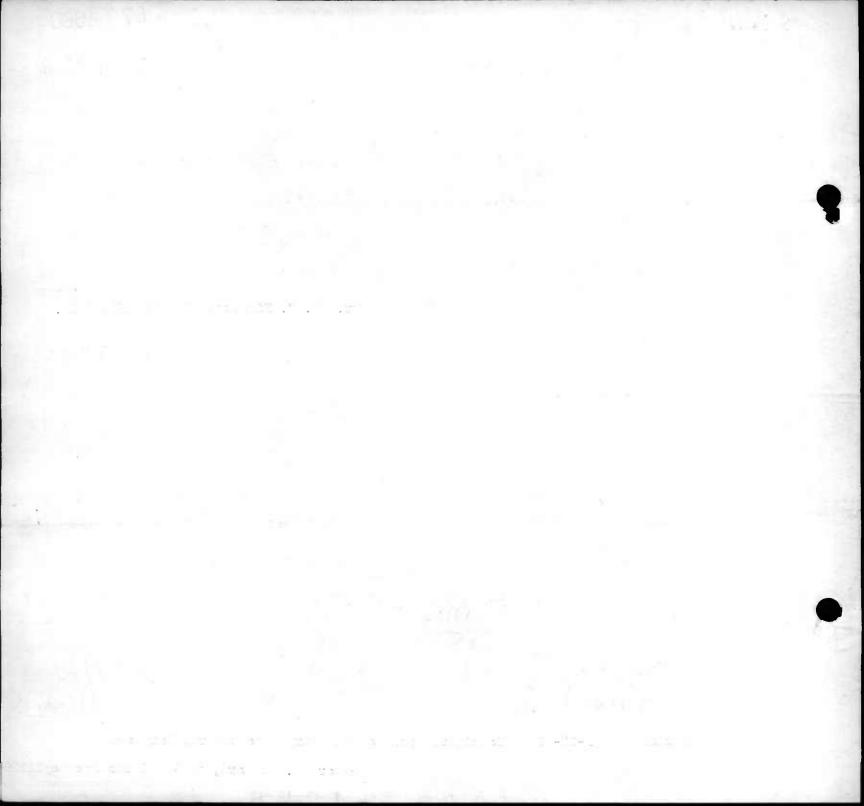
	OP 4004	BALTIMORE CITY	HEALTH DEPARTMENT		67 4964
BIRT	th NO. 67 4964 E CASE NO. 67-1/120	CERTIFICA	TE OF DEATH	Registered Na	2004
H, N	name or Deceased			ND HOUR OF DEATH	. Z AM
2 6	DORSEY, BABY GIRL			20-67	3 AM
F	FULL NAME OF (If not in hospital or institution, graddess or location)	re street	MARYLAND	NTY	stitution: residence before adm
	INSTITUTION		C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)
5	THE JOHNS HOPKINS HOSPITAL	-	D. STREET ADBRESS CH (III	rural, give location)	32-01
5. S	F NEGRO NEVER	DIVORCED (specify)	6. DATE OF BIRTH 5-18-67	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours
	N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF I te during most of working life, even if retired)	SUSINESS OR INDUSTRY	MARYLAND	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	ROLAND ADAMS		IRIS DORS	SEY	
15. Yes		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, estheria, etc. It means the disease, injury at complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if eny, giving		gentaly + a		
ICATION			20A. AUTOPSY? IYes or N		
ERTIFIC	WAS PERFORMED		YES	NO	
	OR CONTRIBUTING CAUSE OF home, etc.)	form, factory, street, of	n or about 21 C. WHERE DID lifice bidg., INJURY OCCUR?		r City, give exact location)
MED	OF INTUINE	At Not While At Wark			
	22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and have and from the causes stated above.	5-/19	19 <u>G</u> / and t	hat in (my) (aur) api	/20/67 19 nian death accurred an th
	23A. SIGNATURE  23A. FINANCIAN'S  23A. FINANCIAN'S	Phy	onding Med. S. Director 23D. ADDRESS	Stoff Phys.	S/20/67
	IRUN R. COHEN	M.D.	JOHNS HOPKIN	,	
24A	A. BURIAL CREMATION, 24B. DATE 24C. NA/	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Ci	ty, lown, or county) (S
	CREMATION 5-20-67 JOHI	NS HOPKINS H	OSPITAL BA		ARYLAND
		. Farberna	HOSPI	TAL DISPO	SAL
VS	150-REV. 1/1/65	1000	1 0 7 12		



	CE 400E	BALTIMORE CITY	HEALTH DEPARTMENT	V	CT ADDE			
	TH NO. 67 4965 E. CASE NO. 167-09499	CERTIFICAT	E OF DEATH	Registered No	07 4360			
1. N	IAME OF DECEASED Mett, Baby	Girl 'B	11	HOUR OF DEATH	110:45A			
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence belore admission			
1	FULL NAME OF (II not in hospital or instilution, give HOSPITAL OR oddress or location)		Mary land		IRAL and give township)			
'	Notitution Hospital of		Baltimore 21234					
	42 Balt	more	8709 Edge Field Rd.					
5. \$		VORCED (specify)		AGE (In years est birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUS the during most of working life, even if retired)	INESS OR INDUSTRY	1. BIRTHPLACE (State of Foreign Mary Land	n country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E				
	William Kimmett		Joann					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS			
	NO		William G. Kimme	tt-8709 Edg	efield Rd. 21234			
	18. 276 X 1	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T	na nacturiti	(BW-810gr)	5 days			
	(This does not mean the mode of dying, e.g.,	DUE TO	in ma tur i i y	(1200 - 210 91)	3 MM 43			
	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)							
	ANTECEDENT CAUSES	(B)	<b>○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○</b>					
	DISEASES OR CONDITIONS, if ony, giving							
	tise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
CAI	DISEASE OR CONDITION CAUSING IT.	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give blome, form, loctory, street, office bldg., INJURY OCCUR?								
0	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJ OF INJURY	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
٤	(APPROX.) While A	Not While		~				
	22. I certify that (I) (this haspital) attended the deceased from May 15 19 67 to May 20 19 67							
	that (1) (we) lost sow the deceased alive on 100 y 20 19 67 and that in (our) opinion death occurred on the date							
	ond hour and from the causes stated above. (11) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Stoff 7							
	alley fillown	ex Phys.	Director P	hy s.	5/20/6/			
	23C. PHYSICIAN'S NAME (Type)	COA M.D.	SING H	epital at	Rollimore			
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	OI CEMETERY OF CREA	MATORY 24D. LO	CATION (City	, town, or county) (State)			
	Print a 1 5 22 67 Palti	more Nationa	1 Cemetery Ba	ltimore, Mar	ryland			
25/	The state of the s	EGISTEAR COMPANY	25C. FUNERAL DIRECTOR		ADDRESS			
	420 4004	- CONSCIPENT	Howard H. Hubb	ard - 4107 N	Wilkens Ave. 2122			
VS	150-REV. 1/1/65	/ 13						



			1000		BALTI	MORE CITY	HEALTH	DEPARTMEN	NT	1/		67	1966	
	H NO. CASE NO.	67	1965		CER	TIFICA	TE O	F DEAT	Ή	Registere	d Na		2000	
1, N (Typ	AME OF DECE	Kim	mett MORE MAR	B	aby 6	Sirl"	4. USUA	L RESIDENCE	Where	HOUR OF L	8,96	1 lion: residen	50 p	) M.
H	ULL NAME OF HOSPITAL OR NSTITUTION	oddress	n hospitol o	.)	pital c	, F	F	OR TOWN	OTC (If outside	Balde city limits,	34	- 50	1 township) 3 - 0 C	)
-	40	/ DAGE		1 20	Itimor	_		6709 OF BIRTH		1	.10 1	(a.	16.11.1	4.0
5. S	F	6. RACE		NEAM	D, NEVER MAI TED, DIVORCED UT MAT	(specify)	5	115/67	los	AGE (In yeo st birthdoy)	M	Under 1 Yr.	Hours /	Min.
don	WAL OCCU  White the state of th	ant and		OB. KIND	OF BUSINESS O	R INDUSTRY		HER'S MAIDE	lan	d	1:	2. CITIZEN C		
1.34	- 1	an K	))mm	Hsi			14. MOI	Jo An	W.					
	Nos Deceased , no or unknown)				) 1 6. SOCIAL SECURIT		17. INFO						2123	4
	NO					CAUSE OF		. Wm. G.	Kim	mett, 8	3709 E			<u> </u>
		OR COND		CTLY		CAUSE OF			u (F	33 W	O o cam	ONSE	TAND DEAT	
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)														
	А	NTECEDENT	CAUSES			(B) DUE TO								
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)													
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.													
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				ATION	20 A.	AUTOPSY? (Yes		208. IF YES, IN CERTIFYIN					
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)			1B. PLACE OF Form, foctors.)	NJURY (e.g., in ory, street, off	or obout fice bldg.,	21C. WHERE DINJURY OCCU	DID U R?	(If in E	Boltimore Ci	ty, give exo	ct location)		
_	2) D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)			\	21E. INJURY OCCURED  21F. HOW DID INJURY OCCUR?  While At Work  At Work									
	22. I certify that (D(this hospital)) attended the deceased from 19 by 1													
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.  238. DATE SIGNED													
	123A. SIGNATURE  M.D. Attending Med. Staff Phys. Staff Director Phys. 5/18/67													
	PHYSICIAN NAME (TY)	ma.	n fr	red		M.D.	23 D. ADD	SING'I	He	spit	al of	? Bo	mitts	ore
24A	REMOVAL (S				NAME of CEM				24D. LO			own, or cou	inty) (S	lote)
25.4	Burial		-22-67		altimore			emetery		ltimor	e, Mar	_	DDRESS	
ZJA		MAY 23			\$ 2. Fo			ward H.		pard, 4	107 Wi			21229
VS	150-REV. 1/1/6	5		. 0	1	0 5	_	. 0 5	3 679					



	00 4000	BALTIMORE CITY	HEALTH DEPARTMEN	4T \ /	6" 400m				
- 1	BIRTH NO. 67 4967 M.E. CASE NO.	CERTIFICA	TE OF DEAT	H Registered No.	0/ 430/				
	T. NAME OF DECEASED CALL C. Sac.  S. PLACE OF DEATH IN BALTIMORE MARYLAND	al Br.	1	TE AND HOUR OF DEATH	167 108:10 P.				
	FULL NAME OF (II not in hospital or institution, g	live sheet	A. STATE B.	(Where deceased lived, If in	Stitution: residence before admission				
	HOSPITAL OR oddress or location		C. CITY OR TOWN	(If outside city limits, write	RURAL ond give township)				
	DON SOCONES TOGGLA/		D. STREET ADDRESS (If rurol, give location)						
		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9/AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	Ja .	r foreign country)	12. CITIZEN OF WHAT COUNTRY? USA				
	13. FATHERS NAME		- MOTHER'S MAIDEN						
	15. Was Decoased Ever in U. S. Armed Forces? (Yas,no or unknown) ((f yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	Yes WW II	214-38-9275 CAUSE O	Mrs. Anne	Rekus 534 Sur	nset Rd. 21223				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made at dying, e.g., heart failure, asthenio, etc., II means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  (B)  Pulm. edemal									
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving rise la the obave couse (A) stoling the UNDERLYING CONDITION last.	DUE TO							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	198. CONDITION FOR WAS PERFORMED	•	No	or No. 208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?				
	U 21A. ACCIDENT WAS UNDERLYING [218.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ND (If in Boltimore JR?	City, give exact location)				
	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED  Not While At Work		D INJURY OCCUR?					
	22. I certify that (I) (this hospital) attended th	e deceased fram	may 1973	1967 to m	Pay 21 18 1967				
	that (I) (we) last saw the deceased alive an								
	23A, SIGNATURE		ending Med.	Stoff Phys.	23B, DATE SIGNED				
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Seems	Herry				
	24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CRI	MATORY 2	4D. LOCATION (C)	ty, town, or county) (State)				
		timore Nation		Baltimore, M					
	MAY 23 1967	E tarberen	25C. FUNERAL DIRE Howard H		ADDRESS 07 Wilkens Ave.				
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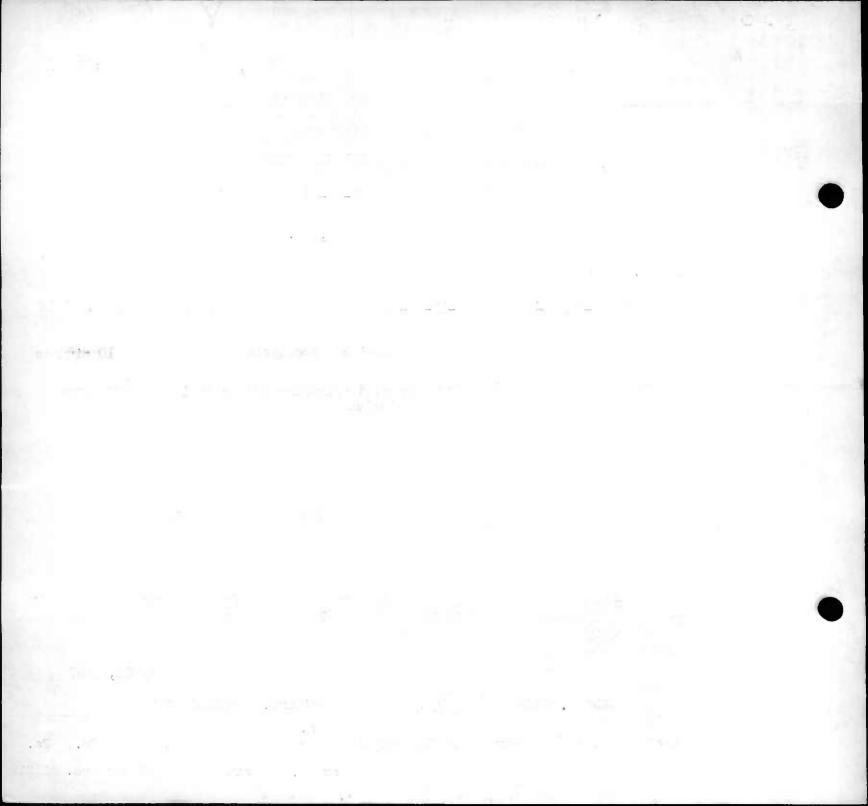
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) YOUNG, LAWRENCE ALBERT MAY 20, 1967 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND PENNSYLVANIA NORTHAMPTON FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) ADMINISTRATION HOSPITAL ALLENTOWN 3900 LOCH RAVEN BOULEVARD D. STREET ADDRESS SOI CHEW STREET BALTIMORE, MARYLAND 21218 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Hours WIDOWED, DIVORCED (specify) lost birthdoy Months Doys CAUCASIAN 4-26-06 MALE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)  $\mathtt{MOULDER}$ BERNE, PA. UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LAURA MATZ WILLIAM A. YOUNG IS. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ETERANS HOSPITAL RECORDS SECURITY NO. 180-01-29-75 3900 LOCH RAVEN BLVD, BALTIMORE, MD. 21218 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Massive H emoptysis 10 minutes (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) Far Advanced Pulmonary Tuberculosis ANTECEDENT CAUSES DUE TO Active DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) CERTIFI WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At [ (APPROX) 22. I certify that (x) (this hospital) attended the deceased fram JULY 28 MAY 20 19 67 that (1) (we) last saw the deceased alive on... ond that in (my) (our) opinion death occurred on the date ond hour and from the causes stoted obave. 其) (We) (did) (如為) view the body after deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stolf Phys. X Phys. Director \_\_\_ May 22. 1967 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) YOUNG E. CHUN VAH Baltimore, Maryland M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 5/24/67 Burial Grandview Cemetery, Allentown Allentown, Lehigh Co., Pa. 25A. DATE REC'D BY HEALTH DEPT. MAY 23 196 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/65



Com.	BALTIMORE CITY	HEALTH DEPARTMENT		67 4969
BIRTH NO. 67 4969	CERTIFICA	TE OF DEATH	Registered No.	1000
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) Mrs. Clara Moulto	n Thomas	2. DATE AND	16, 1967	6:11 A M
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	itution: residence belare admission)
FULL NAME OF (If not in hospital or institution, g	ive street	Maryland		
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OF TOWN (If outs Baltimore	ide city limits, write RU	IRAL and give township!
100 W. Universi	ty Plany		urol, give location)	1201
O TOO W. OHIVOIDE	oj indj.	100 W. Univ	ersity Par	kway
WIDOWED	NEVER MARRIED DIVORGED (specify)		ost birthday	If Under 1 Yr. , Il Under 24 Hrs. Months: Doys Hours : Min.
female white widow	ed	6/25/1877	st binder 89	
DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF one during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if refired)  NOUSEWITE		Baltimore,	-	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
James F. Moulton Jr.		Mary DuHame	1	
S. Wos Deceased Ever in U. S. Armed Forces? [es, no or unknown] (II yes, give wor ar dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no 22	0-44-8059-5	Rev. J. Moult	676	•
18. 4-22/1	CAUSE C	DE DEATH	Conn.	INTERVAL BETWEEN ONSET AND DEATH
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heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0	1	- / >	1
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that (I) (we) last saw the deceased alive an	,	1		on death occurred an the dot
and haur and from the causes stated above. (1)			(, (,	
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Chred M. OSman	on om. D. All	dending Med. Director	Stoll Phys.	5-16-67
23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS		11
Dr. Alfred G. Ossm	an Jr. M.D.	1010 St. Pa	ul St. B	aldimore Z Mo
AA. BURIAL CREMATION, 24B. DATE 24C.NA	ME of CEMETERY of CR			, town, or county) (State)
Burial 5/18/67 D	ruid Ridge	Cemetery B	altimore,	Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 23 1967 Role &	talke MA	Mitchell-Wi	edefeld Ho	ome 6500 York R
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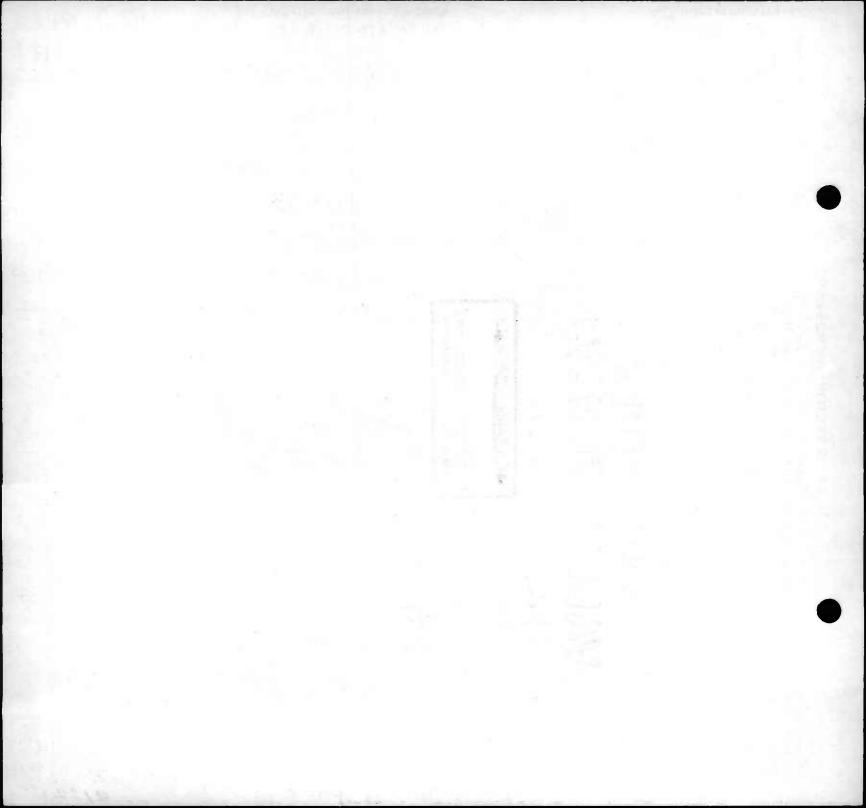
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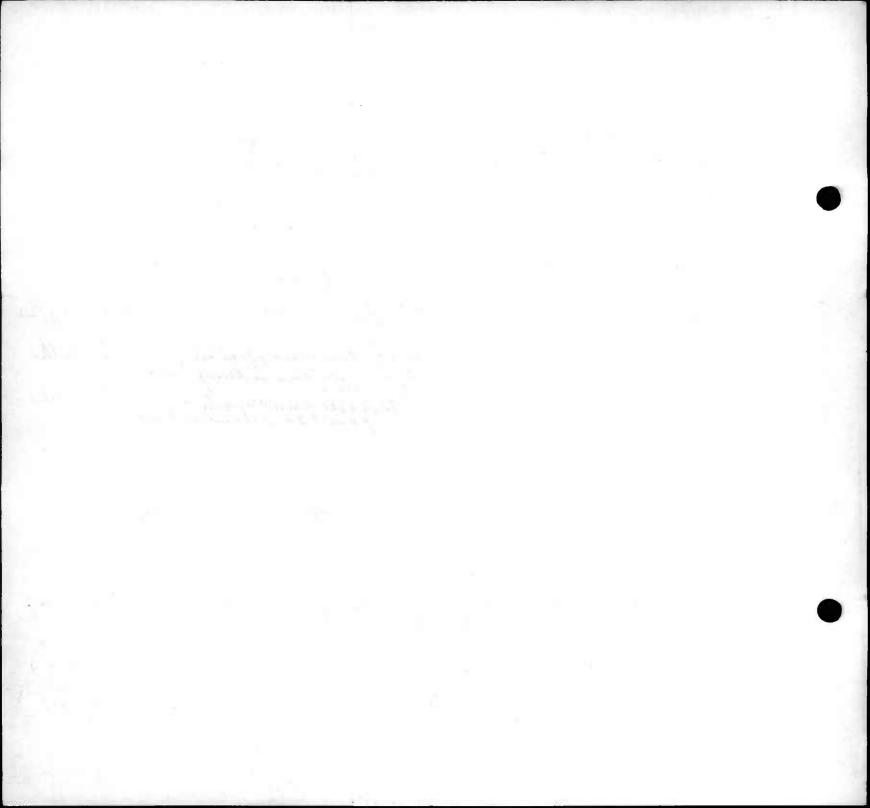
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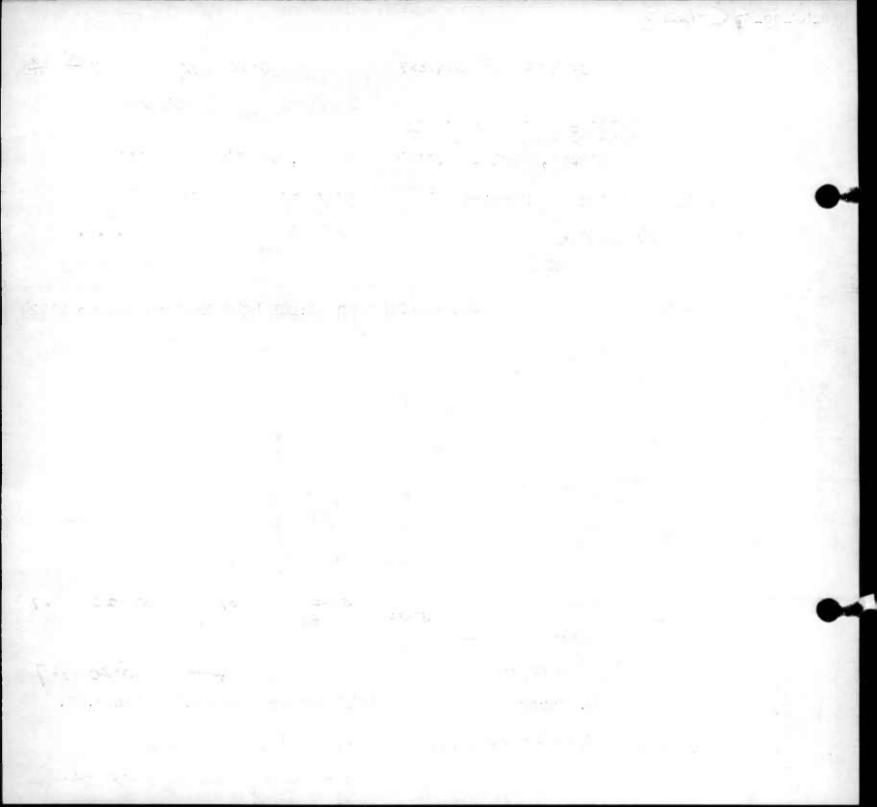
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THE NO.  CERTIFICATE OF DEATH Registered No.  1. PARCE OF DEATH REGISTERED No.  1. PARCE OF DEATH IN BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH IN BOUND OF BALLHOOM, MARILAND  1. PARCE OF DEATH  1. BALLHOOM, MARILAND  1.		OD 4000	BALTIMORE CITY H	HEALTH DEPARTMENT		67 4972
			CERTIFICAT	E OF DEATH	Registered No	01 4376
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5. SEX   S. RACE   7. MARRIED NEVER MARRIED   8. DATE OF BISTH   7. AGE (In years including mode)   1. AGE (In years)   1		3025 W. FAYETTE STREET	** 1 *** ** **			***
OA, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIETHPRACE (Side or loregen country)   12, CITIZEN OF MARCHINE   13, FATHETS NAME   14, MOTHETS MADEN NAME   14, MOTHETS MADEN NAME   15, WEST DECEMBER OF LORGE OF L	3	5 SEV 16 DACE 17 MARPIED N				
13. AUSIAL OCCUPATION   15. AUTHOR   15. SOCIAL   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. SOCIAL   17. INFORMANT   18. SOCIAL   18. SO		WIDOWED,	DIVORCED (specily)	1	ost birthdoy)	Months Doys Hours Min.
13. FATHERS NAME  14. MOTHERS MAIDEN NAME  14. MOTHERS MAIDEN NAME  15. WOR Deceased Ever in U. S. Armed Forces?  15. WOR Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  ADDRESS  16. SOCIAL  17. INFORMANT  ADDRESS  18. CAUSE OF CONDITION DIRECTLY  Extending To Death  CAUSE OF DEATH  COLUMN AND DEATH		10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BI	USINESS OR INDUSTRY	1. BIRTHPLACE (Stote or loreig	n country)	
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13. WO. Deceased Rever in U. S. Armed forces?   16. SOCIAL NO.   17. INFORMANT   17. INFORMA	-	FREDERICK BUEHNE	R	HENKLE		
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DISEASES OR CONDITIONS, if any, giving inse to the obove cause (A) stating the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION POR WHICH OPERATION 19A-DATE OF OPERATION 198. CONDITION POR CONTRIBUTING CAUSE OF DEATH!  21A. ACCIDENT WAS UNDERLYING 19B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID None, form, foctory, street office bldgs, INJURY OCCUR?  DEATH Indiffy medical examined etc.]  21D. TIME (Manish) (Day) (Year) (Hour) 21E. INJURY OCCURRED 19B. NONE (Manish) (Day) (Year) (Hour) 21E. INJURY OCCURRED 19B. NONE (Manish) (Day) (Year) (Hour) 21E. INJURY OCCURRED 19B. NONE (Manish) (Our) opinion deoth occurred on the date on the date of the day of the day of the deoth.  22. I certify that (I) (this hospital) attended the deceased from 19B. On the in(my) (our) opinion deoth occurred on the date on the date of the day of the deoth.  23A. SIGNATURE 19B. DATE SIGNED 19B. ALL OCATION (City, town, or county) (State)			(B) adu	nali.	.4-	6 mouths
UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION TO THE DISEASE OR CONDITION CAUSING IT.    194. Date of Operation   198. Condition for which operation   20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    194. Date of Operation   198. Condition for which operation   20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    194. Date of Operation   198. Condition for which operation   20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    20A. Autopsy? (Yes or No)   20B. If yes, were findings considered in Certifying Causes of Death?    20B. If yes, were findings considered in Certifying Causes of Death?    21B. PLACE OF INJURY (e.g., in or obout 21C. Where DID (II in Boltimore City, give exact locofion)   21B. PLACE OF INJURY OCCUR?    21D. Time (Manith) (Day) (Yeor) (Hour)   21E. INJURY OCCUR?    21D. Time (Manith) (Day) (Yeor) (Hour)   21E. INJURY OCCUR?    21D. Time (Manith) (Day) (Yeor) (Hour)   21E. INJURY OCCUR?    21D. Time (Manith) (Day) (Yeor) (Hour)   21E. INJURY OCCUR?    21D. Time (Manith) (Day) (Yeor) (Hour)   21E. INJURY OCCUR?    22L. I certify that (I) (this hospital) attended the deceased from			DUE TO fac	hable piernos	Les closue tre	Usu
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes or No.)   208. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING   home, form, foctory, street, office bidg., INJURY OCCUR?  OF CONTRIBUTING   CAUSE OF   home, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY   APPROX.)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While A1   Not While   Not While   Not While   Not While   Not While   Not Work   No						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Hour)  While At Mat Work  At Work  22. I certify that (I) (this hospital) attended the deceased from 19 mond that in(my) (our) opinion/death occurred on the date ond hour and from the causes stoted above. (I) (We) (did) (did not) view the body ofter death.  23C.PHYSICIAN'S NAME (Type)  23C.PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county) (State)						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Hour)  While At Mat Work  At Work  22. I certify that (I) (this hospital) attended the deceased from 19 mond that in(my) (our) opinion/death occurred on the date ond hour and from the causes stoted above. (I) (We) (did) (did not) view the body ofter death.  23C.PHYSICIAN'S NAME (Type)  23C.PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county) (State)		DISEASE OR CONDITION CAUSING IT.				
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22. I certify that (I) (this hospital) attended the deceased from / All 1967 to May 8, 1967 that (I) (we) lost saw the deceased olive on May 8, 1967 and that in(my) (our) opinion death occurred on the date ond hour and from the causes stoted above. (I) (We) (sid) (did not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  NAME (Type)  NAME (Type)  All Work  At Work  At Work  At Work  1967 to May 8, 1967  That did not in(my) (our) opinion death occurred on the date of th		Q 21D. TIME (Manth) (Day) (Year) (Hour) 21E, IN	NJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from 1907 and 1907 to 1907 that (I) (we) lost saw the deceased olive on 1907 and that in (my) (our) opinion death occurred on the date ond hour and from the causes stated above. (I) (We) (vid) (did not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS NAME (Type)  24D. LOCATION (City, town, or county) (State)						
that (I) (we) lost saw the deceased above. (I) (We) (sid) (did not) view the body ofter death.  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION  (City, town, or county)  (State)		22. I certify that (I) (this hospital) attended the	deceased from	Dent 20 1	67 10 MC	24/5/1962
ond hour and from the causes stoted above. (1) (We) (did) (did not) view the body ofter deoth.  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  24C. PHYSICIAN'S  NAME (1) (Pop.)  23D. ADDRESS  NAME (1) (Pop.)  24D. LOCATION (City, town, or county) (Stote)		that (1) (we) lost saw the deceased alive on	Jay 18/11	19 ond tho	t in (my) (our) opini	ion death occurred on the date
23C. PHYSICIAN'S NAME (Type)  Abdo hamid Guild M.D. Bon Secours Hospital  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)	- 1	· · · · · · · · · · · · · · · · · · ·	1 ' /	w the body ofter death.		
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24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)		23C. PHYSICIAN'S NAME (Type)	11/2/1	D. ADDRESS	7	Ilves Tol
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			IE of CEMETERY OF CREM	AATORY 24D. LO	CATION (City	, town, or county) (State)
				SAITH B	ALTO, M	0
25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS		MAY 23 1967 12 20 15	E. Jaken MA	25C. FUNERAL DIRECTOR	EH	200 Mis





	6	7 49	177		BALTIMORE CI	Y HEALT	DEPARTMENT		67	4974	
1	TH NO.	120	11.3		CERTIFIC	ATE C	F DEATH	Registered No	•		
1. N	E CASE NO. IAME OF DECI De ar Print)		EE M.	HOWE	S		2. DATE	AND HOUR OF DEAT	7	5:10	A M.
3. 1	LACE OF DEA	TH IN BALTIM	ORE, MAR	WLAND	-	A, STA	E 8. C	Where deceased fived. If	institution; res	idence before	
	FULL NAME O		n hospitof o	or institution,	give street		IARYLAND OR TOWN			salto	(1)
	NSTITUTION	ST. AC	SNES	HOSPI			ALTIMOR	f autside city limits, write	KURAL and	give township!	20
	40	WILKEN			AVENUE ARYLAND	D. STRI	ET ADDRESS	(If rural, give location)	010	0.7	
S. 5	EFY	6. RACE			, NEVER MARRIED		240 TEN	OAKS ROAD  19. AGE (In years	212		er 24 Hrs.
	MALE	WHITE	-	WIDOWE	D, DIVORCED (specify)  DOWED  F BUSINESS OR INDUST	6-1	4-86	lost birthdoy) 80	Months [	Doys Hours	Min.
don	RETIRE	varking life, even				MAF	YLAND		WHA	U.S.A.	
13.	FATHER'S NAA						HERS MAIDEN				
10		HOWES	A 1 E .	3	14 50514		EN (GAI	THER)		ADDRES!	
Ye:	Was Deceased s, no or unknown	(If yes, give v	var ar dates	es: of service)	16. SOCIAL SECURITY NO.		RMANT			ADDRESS	
	NO	-				OF DEAT		OSPITAL, WI		E CATO	
	the ox	E OR CONDI	ITION DIR	ECTLY					C	NSET AND D	
		LEADING TO	DEATH		(A) MY	OCAR	0144	INFARCTIO	) m +		
	heort foilure,	of mean the osthenio, etc.	It meons	the diseose	,						
	, ,	plication which		deoth.)	(B) A.S	C. Y	D - COR	LONARY IN	SU ATTIC	ENCY -	
		R CONDITIO		nv. giving							
	rise to the	obove co	use (A)		10) C F	noni	CONGE	STIVE HEA	RTK.	AILUR	E -
NOIL	TO THE D	FICANT CONE EATH BUT IN CONDITION C	NOT RELA	TED TO T	IG HE						
CERTIFICATIO	19A. DATE OF			DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS (	CONSIDERED EATH?	
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUS	SEOF	21 ha etc	B. PLACE OF INJURY leagme, form, foctory, street,	in ar about affice bldg	21C. WHERE DI	D IIf in Boltim	are City, give	exact lacation)	
EDI	21D. TIME OF INJURY	(Month) IDa	y) (Year)	lHour) 21	E. INJURY OCCURRED		21F. HOW DID	INJURY OCCUR?			
٤	(APPROX.)				hile At Not W						
	22. I certify	that (I) (this	haspital)	) attended	the deceased fram	AY 20	)	.19.67 to M	AY 20	19	6.7
	that (I) (we)	last saw the	decease	d alive an	MAY 20	19	67 and	d that in (my) (aur) a	pinian death	accurred an	the date
			uses stat	ed above.	(I) (We) (did) (did not	view the	body after dea	th.			
	23A. SIGNATU	RE	nem	6	M.D.	ttending	Med. Director	Stoll Phys.	5/20		
	23C. PHYSICIA NAME IT	N'S (pel	)			23D. ADI	PRESS				
24 4	BURIAL CRE	JUAN-	DATE	CAB12	IAME OF CEMETERY OF	31		OSPITAL, WI			N AV
247	REMOVAL IS	pecily)							City, town, or	countyl	(Stote)
25 4	Burial A. DATE REC'D	BY HEALTH D	/23/6°	7 Mt	Carmel Ceme	25C.	FUNERAL DIREC	Sunshine, Mar		ADDRESS	
	150-REV. 1/1/6	MAY	3 105	100	e. E. Farley	-	vard H. H	ubbard 4107	Wilken		21229
۸.2	130-KEV. 1/1/0	, ,	ř.	1		0 6	7 0	9			

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	O PM	1004	BALTIMORE CIT	Y HEALTH	DEPARTMENT	V	67 49	15
BIRTH NO.	67	4975	CERTIFICA	ATE O	F DEATH	Registered No.	. 01 43	10
	DECEASED				2. DATE AND	HOUR OF DEATH		
(Type or Prin	1)	CARROLL	. MARIE E		MAY 1	9. 1967	12:31/	AM M.
3. PLACE O	F DEATH IN BAL	TIMORE, MARYLAND		4. USUA A. STATI	L RESIDENCE (Where	deceased lived. If i	stitution: residence before adn	nissian)
FULL NA	ME OF (If n	at in haspitol ar institut	ian, alve street	MD	. BAL	TQ 29	Palto.	4.
HOSPITAL	L OR addr	ess or location)		C. CITY	OR TOWN (If outs		RURAL and give tawnship)	
	SI	. AGNES HO		BA	LTIMORE		53-00	
118		LKENS & CA		D. STREE	T ADDRESS (If n	urol, give facation)		
		LTO. 29, M		431	01_WILKEN			
FEMA		ASION MA	RIED, NEVER MARRIED OWED, DIVORCED (specify) RRIED	0	11-1911	ost hirthdov) XXX 56	If Under 1 Yr. If Under : Manths Days Hours	24 Hrs. Min.
tOA, USUAL	OCCUPATION (G post of working life,	ive kind af work 10B, KIN	D OF BUSINESS OR INDUSTR	Y 11. BIRTH	PLA CE (State or lareig	in country)	12. CITIZEN OF WHAT COUNTRY?	
NONE				M.	ARYLAND		U.S.A.	
13. FATHERS				14. MOT	HER'S MAIDEN NAM			
XXXXX	DENEM Th	nomas Cavana	ugh		BYTHEYSTAN	Mary Han	rahan	
15. Wos Dec	eased Ever in U. known)((If yes, gi	S. Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS	
UNKN	OWN		UNKNOWN	ST.	AGNES REC	ORDS:WILK	ENS & CATON	AVES
1B. 🦈	311	1		OF DEATH			INTERVAL BETWEE	
0		NDITION DIRECTLY					ONSEI AND DEA	IH
(Thin d		TO DEATH	(A) CERE	BRO V	ASCULAR 1	ACCIDENT	2 DAYS	
heart fa	ailure, asthenio,	he made of dying, alc. Il meons the dise						
injury o		vhich caused death.)	/B1					
		NT CAUSES	DUE TO		0 to to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		ITIONS, if any, gi cause (A) stating						
	RLYING CONDIT		, , ,					
_		H						
O THER	SIGNIFICANT CO	ONDITIONS CONTRIBL T NOT RELATED TO	JTING The					
DISEAS	TE OF OPERATIO	N CAUSING IT.	OR WHICH OPERATION	T20 A	LITORSY2 (Ves. or Not	208 IE VEC WEBE	FINDINGS CONSIDERED	
OTHER TO THE DISEAS 19A. DA	TE OF OFERALIO	WAS PERFORMED	OK WHICH OFERATION		CO (OFS): (Ves di Na	IN CERTIFYING CA	USES OF DEATH?	
Ü 21A. AC	CIDENT WAS U	NDERLYING	21B. PLACE OF INJURY (e.g.,	in or about	21C. WHERE DID	(If in Boltima	e City, give exact location)	
T DEATH	notify medical ex		home, form, factory, street, etc.)	affice bldg.,	INJURY OCCUR?			
DEATH 21 D. TIM OF INJU	AE (Month)	(Doy) (Year) (Hour)	21E, INJURY OCCURRED		21F. HOW DID INJU	IRY OCCUR?		
OF INJU	JRY	•	While At Not Wh	nile 🦳				
			Work At Wor	MAY	17	67. MA	V 10	67
			ed the deceased from MAY 19	3	67	7		
that (1)	(we) lost sow	the deceased alive	on	219	and the	of In(my) (our) op	inian death occurred on t	ne dote
		couses stated abov	e. (I) (We) (did) (did not)	view the	oady ofter death.			
23A. SIG	NATURE	429	M.D. A	ttending .	Med.	Stoff 🙀	238. DATE SIGNED	
	The same			ys.	Director	Phys.	MAY 19, 19	57
23 C. PHY	YSICIAN'S /			23D. ADD	RESS ST. AGI	NES HOSPI	TAL	
			ICINA M.D	1			BALTO. 29, MI	).
	CREMATION, CAL (Specify)	24B. DATE 24	C. NAME of CEMETERY of C	REMATORY	24D. LO	CATION (C	ity, tawn, ar cauntyl (	Stotel
Bur		5-23-67	Loudon Park Co	emeter	В	altimore, N	lary land	
2SA, DATE	REC'D BY HEALT		ME OF REGISTRAR		UNERAL DIRECTOR	hand /107	ADDRESS	1220
		23 1967 R	Berlo E. Jarber M.	HO	waru H. Hub	pard, 410/	Wilkens Ave. 2	1227
VS 150-REV.	1/1/65		EN / 13 10 /	7 3	0 -			

2 .49h5 . Lv . -12 

This

00 400	BALTIMORE CITY	Y HEALTH DEPARTMENT		CM 40mg
BIRTH NO. 67 4976	CERTIFICA	TE OF DEATH	Registered No	67 4976
M.E. CASE NO.  T.NAME OF DECEASED (Type or Print)  Otis Moo	re		y 18, 1967	8:20 A M
3. PLACE OF DEATH IN BALTIMORE, M  FULL NAME OF (II not in hospito HOSPITAL OR oddress or locoli US Public Health Ser  3100 Wyman Park Dri	or institution, give street on vice Hospital	Md.  C. CITY OR TOWN HIS OUT BALLIMOTE  D. STREET ADDRESS (IF	TY	//-0/
5. SEX M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of wo done during most of working life, even if relired)		NC	gn country)	12. CITIZEN OF WHAT COUNTRY?
Jessie Moore	-	Ida J. West	ME	
15. Was Deceased Ever in U. S. Armed F. (Yes, no or unknown) (If yes, give wor or do YES USA 41-	tes of service) SECURITY NO.	17. INFORMANT Records— US P	HS Hospital	ADDRESS ., Balto, Md.
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the made of heart lailure, asthenia, etc. It mean injury or complication which cause	IRECTLY  If dying, e.g., DUE TO  s the disease,	conchogenic care:	inoma	interval between onset and death  Months
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if ise to the obove couse (A UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	OUE TO ONY, giving ) stoling the (C)  CONTRIBUTING LATED TO THE			
19A. DATE OF OPERATION 198. CO		20 A. AUTOPSY? IYes or No	20B. IF YES, WERE IN CERTIFYING CA	_
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, faim, factory, street, etc.)		- W	e City, give exect locotion)
OF INJURY (APPROX.) (Month) (Doy) (Yeor	While At Not Work	21F. HOW DID INJ	URY OCCUR?	P.S.
that (I)(we) lost sow the decease	ol) oftended the deceosed from sed olive on May 18 ofted obove. (1/(We) (did) (did) fight)	19 67 ond th		May 18 19 67 inion death occurred on the date
23A. SIGNATURE  28C. PHYSICIAN'S NAME (Type)  NAME (Type)  PO 1	regar Ph	23D. ADDRESS	Stofl Phys. X	5/18/67
MICHAEL E. PEL  24A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL  25A. DATE REC'D BY HEALTH DEPT.  MAY 23 196  VS 150-REV. 1/1/65	258. NAME OF REGISTRAR	L PARK LI	LLINGTON, N	ity, town, or county) (Stote)  ORTH CAROLINA  VILKENS AVE 21229

• 이 나는 '무 '무 이 나나지도 말을 하는 것이다. 말을 하는 것이다. Mutule Religion 

V\$ 150-REV. 1/1/65

_			OP			BALTIMOR	E CITY HE	ALTH DEPARTME	NT		67	4977
		H NO.	61	4977		CERTIF	ICATE	OF DEA	TH	Registered No		2011
	1. N	AME OF DEC		29.	≨ .	FLEMI.	NG			HOUR OF DEATH	521	11:50 PM
	H	ERT FULL NAME OF HOSPITAL OR NSTITUTION BOA	IFIC (If no oddre	ATE t in hospitol cass or location	AM or institution,	ENDE	D A.	STATE B. MARYLA CITY OR TOWN BALT  STREET ADDRESS	OUNT OUTS	uido city limits, writo R	URAL ond giv	vo township
5		34	40	SPITT	42			5106	Al	2BU TUS	S AU	E
3	5. S	M	6. RACE		WIDOWE	, NEVER MARRIED D, DIVORCED (spo-	cifu)	0-31-8	11/	ost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min.
TIOH IS	done	USUAL OCCU during most of the Cashier				F BUSINESS OR INI acking Co.		BIRTHPLACE (Stote Marylan		n Country)	12. CITIZEN WHAT	OF COUNTRY?
Sposi	13.	JAM	ES	9.	FLE	FMING	14.	MOTHERS MAID		I RNER		
5	15. \ (Yes	Was Deceased s, no or unknown	Ever in U.	S. Armod Fore	ces? s of service)	SECURITY NO	17.	PATIETA	175	ng, S.F5106	X-but	DDRESS
		No	1			212-03-75	USE OF D		remir	ng, 515106		ERVAL BETWEEN
0		0	E OF CON	I DITION DIR	ECTLY		_				ON	SET AND DEATH
0			LEADING			(A)	Brenc	hopmentino	ula	, loisir lot	Sec 01	Huko
Dall		(This does no heart failure, injury or com	osthenia, e	c. It meons	the diseose	DUE	To liel	ateral; u	rettic	, Loiver hot basees form	otion	~ 0
9		,	ANTECEDE	NT CAUSES		(B)	TOTO	abscom		in death de ear no ea nó eo ea cheannach dhuith aindh dhuith do-dh-ainn an cheann an chipaigh dhuith aid an ch	*****	3 who
S Gre		DISEASES C	obove	cause (A)			_	reulitiso		midcolon		3 whs
			1	1			266	n perfort	atiez	itabicen for	und the six	
E	ATION	OTHER SIGNI TO THE D DISEASE OR	EATH BUT	NOT RELA	TED TO TH	G 1E		,				
Tue	JIEJC	19A. DATE OF	OPERATION	WAS PEL	PROTES TO	WHICH OPERATION	we Tron	20A. AUTOPSY? (Ye	s or No	IN CERTIFYING CAL	INDINGS CO	N SIDERED
етоге	CER	21 A. ACCIDEN	ITING 🔙 CA	DERLYING USE OF	211	B. PLACE OF INJUR	Y(e.g., in or			(If in Bottimore	City, givo en	xoct locotion)
0	U	21 D. TIME		Doy) (Year)		INJURY OCCURR	ED	215 HOW 5	NID INII	JRY OCCUR?		
dine	WE	(APPROX)			W	hile At N	lot While		710 11430	JRY OCCOR:		
ODI		22. I certify	that HT (th	is hospital	) attended	the deceased from	m mc	ry 5		9 6 7 10 19		
0		1								of in (my) (our) opin	ilon deoth c	occurred on the date
m Usr		23A. SIGNATU		couses stot	ed obove.	(l) (We) (did) ( <del>did</del>	Hat) view	the body offer o	deoth.		238. DATE S	IGNED
		Cof	refo	5.0	Le V	end M.	Phys.		, 🗌	Stoff Phys.	5-	20-67
approvai		A O O 1		. de	PER	210	M.D. 23 D.	BON SE	-coa	112S HO	SPIT	44
90	24A	BURIAL CRE		B. DATE	24C. N	AME of CEMETERY	or CREMA	TORY	24D. LO	CATION (Cit	y, town, ar co	ounty) (Stote)
T a L	25A	Burial	BY HEALTH	5-24-6 DEPT.		Cathedral	l Cemet	ery		timore, Mary	land	ADDRESS
\$			MAY 23	3 1967	P. Du. B	E. Falley	MA	Howard H.	Hub	bard-4107 W:	ilkens	Ave. 21229

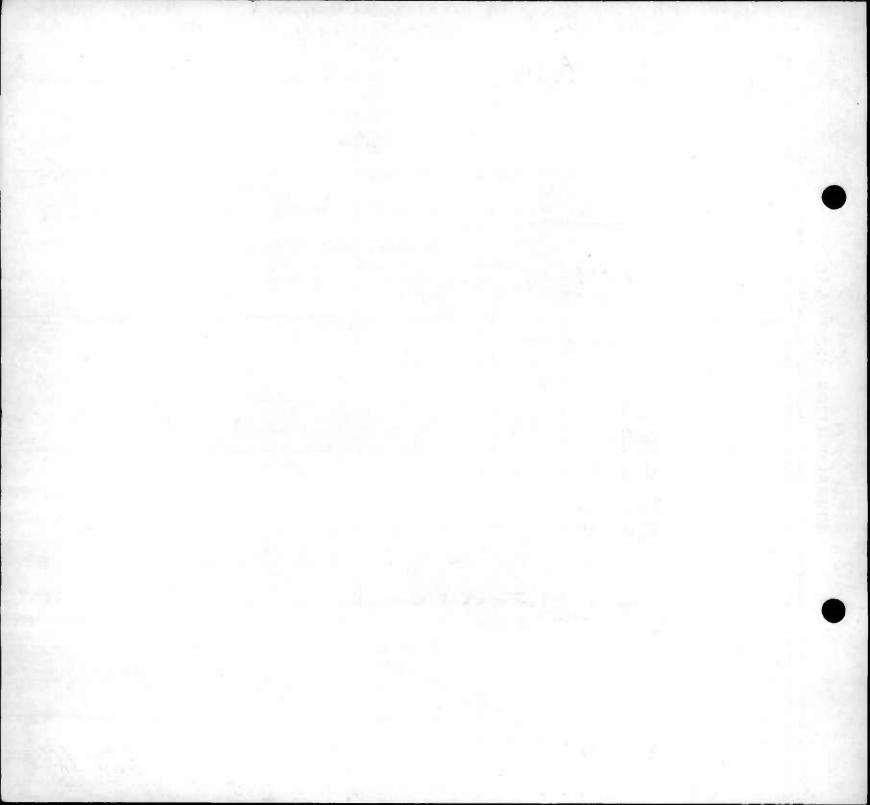
5/25/67 - Middle initial "T" omitted from death cert. Correction Form from funeral director.

		FUNERAL DIRECTOR: IMPORTANT	L DIREC	TOR:	MPOR	TANT		•		0	100
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	he hospito y nature; xcept wh	the chief m l by a met (2) Body by ere the phy	edical exandical exanurus; (3) A ysician wh	miner. A fracture o pron gular a	r his ass Also, if 1 of any ounced ttendan	istant he dire kind; (4 death ce on t	if death of colors to Undeterment was in reference the december of the decembe	ntributing cramined causs	a hospital ause of de; (5) Decendance on o death.	and ased the	1.
Written approval much be obtained before the remains are embalmed or final disposition is made.	btoined by	atore the re	Amoins are	PER DOIL	Sed or Ti		DOSITION	s made.			

-	BALTIMORE CITY HE	ALTH DEPARTMENT
- 11	BIRTH NO. 67 4978 CERTIFICATE	OF DEATH Registered No. 67 4978
	M.E. CASE NO.  1. NAME OF DECEASED Walter J. O'Brian Ja	2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  3. 120 / 127   9 3 4 M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) STATE B. COUNTY
	I INSTITUTION	CITY OR TOWN (II outside city limits, write RURAL ond give township)
	Johns Hephino Hosp,	STREET ADDRESS (If rurol, give location)
	330	ATE OF BIRTH 19, AGE (In Verts I If Under 1 Yr. If Under 24 His.
	WIDOWED, DIVORCED (specify)	1-22-1894 lost birthdoy 2 Months Doy's Hours Min,
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.  done during most at working the, even if retired)  POSTAL SERVICE	BIRTHPLACE (Stole or foreign country)  12, CITIZEN OF WHAT COUNTRY?  USA
		MOTHERS MAIDEN NAME ROLL
-	15. Was Deceased Ever in U. S. Armed Foices? (17. SOCIAL SECURITY NO.	INFORMANT 6809 alter S
	YES WW 1 216-34-8307 1	Graber B. OBrien Balto 7 md
	DISEASE OR CONDITION DIRECTLY	Pulliac arreit interval Between onset and Death
	LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	(meria Carres)
	hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	aily anewsky
	ANTECEDENT CAUSES  OUE TO  DISEASES OR CONDITIONS, if any, giving	Λ -
	tise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.	15CVD 0
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office etc.)	obout 21 C. WHERE DID (If in Boltimore City, give exact locotion) bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Haurl 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
ĺ	22. I certify that (I) (this haspital) attended the deceased from	1/8 1967 10 5/20 1967
	that (1) (we) last saw the deceased alive an 5/20	19 ond that in(my) (out) opinion death occurred an the date
	and haur and from the causes stated abave. (1) (We) (did) (did pot) view	
	23A. SIGNATURE  A.D. Attendin Phys.	Med. Stall Director Phys. 238. DATE SIGNED
		ADDRESS /
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMA	OBY 24D. LOCATION (City, town, or county) (State)
	Terral 5/23/67 Western	Balto, Ind
	25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25CFUNERAL DIRECTOR 8728 Liberty Ref
	VS 150-REV. 1/1/65	Joung Syste Randall This My

WALTER. CARRIE Beefelt

BALTIMORE BALTIMORE	CITY HEALTH DEPARTMENT	67 4975
BRTH NO. 67 4979 CERTIFI	ICATE OF DEATH Registered No.	2070
M.E. CASE NO.  I, NAME OF DECEASED  (Type or Phint)	2, DATE AND HOUR OF DEATH	
Type or Print) DELPHIA - ISHER,	SR. 5/20/6	1 6:40 pm
. PLACE OF DEATH IN SALTIMORE, MARTLAND	A. STATE 8. COUNTY	slitution: residence boloro admission)
FULL NAME OF (If not in hospital or institution, give street oddross or location)	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
INSTITUTION MARYLAND GENERAL HOS	BALTIMORE	13.07
48	D. STREET ADDRESS (If rural, give location)  8 36 W., 36 th	St.
6. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify MARRIED)	7-14-11	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDIcated lone during most of working life, even if retired)	1	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
FRANKLIN FISHER	ELIZ. BOOZE	
5. Was Doceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or datas of sarvice) 1 6. SOCIAL SECURITY NO.	DORESTHU W. FISHER	ADDRESS
18. 3 9 × 1 CAU	JSE OF DEATH	INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Inducation of confusion	Te of was
(This does not meen the made of dying, e.g., DUE To	o flace out of cold of	- Carl
heart failure, asthenia, etc. It means the diseose, injury or complication which caused death.)	Call the allower	MALKAGUA
ANTECEDENT CAUSES (8) DUE TO	9/1	1010000
DISEASES OR CONDITIONS, if ony, giving	Itterosclerosis	CNKNOWN
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199A. DATE OF OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yos or No) 208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF CALL OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CALL OF C	(e.g., in or obout 21C. WHERE DID (If in 8oltimore eet, office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURREI		
	Work	-/-
22. 1 certify that (1) (this haspital) attended the deceased fram	5 / (7 19 6 to	5/20 1961
	19 (27 and that in (my) (our) opto	nian death occurred an the do
and have and from the causes stated above. (1) (We) (did) (did	nat) view the bady after death.	
23A. SIGNATURE  M.D.		238, DATE SIGNED
23C. PHYSICIAN'S	Phys. Director Phys.	2//
TIMOTHY KENNEY GRAY	M.D. Maryland Jenera	& Nosp
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (C)	ly, lown, or county) (Stote)
Burail 5/24/67 Lorraine Park		yland
25A. DATE REC'MANYEAR TO TOPE TO SEA NAME OF REGISTRAL	Frank Hech 814	436 A Shirt
vs 150-REV. 1/1/65	194984	



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	ertificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ody was released ta the haspital by a medical examiner. Also, if the direct ar contributing cause of death	s: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the	ased prior ta death); and (6) Na physician was in regular attendance on the deceased prior to death. Such	en apprayal must be obtained before the remains are embalmed or final dispassition is made.
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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) May 21, 1967 FREDERICK THOMAS TOPMAN
3. PLACE OF DEATH IN BALTIMORE, MARTLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A, STATE
B, COUNTY Maryland deat **FULL NAME OF** (If not in haspital at institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 916 N. Carrollton Ave. D. STREET ADDRESS (If rural, give location) 916 N. Carrollton Ave 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED DIVORCED (specify) 1883birthday Feb. 10. Male Colored 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Johnson Charles Topman 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) 918 N. Stricker St SECURITY NO. Sophia Tyler CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ū 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive an... ...and that in (my) (aur) opinion death occurred an the date and have and from the couses stated above. (1) (We) (did) ( anath view the body after death. 23A. SIGNATURE 238, DATE SIGNED M.D. Attending P Med. Phys. Director PHYSICIAN 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Mt. Asburn Com Baltimore Burial 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRES 578W. Biddle S

Frances A. Hemsley

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	Pe or Print)	ASED D- /		11	-1		AND HOUR OF DEATH		
		PEARL	OUR	Tello	11-5	•		8-67	M.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND			A. STATE B. CO	Where deceased lived, If in	stitution: residenc	o before odmission)
	FULL NAME OF	F (II not in hospital	or institution,	give street		Maryland			
	HOSPITAL OR	oddross or locotion	n)				outsido city limits, write	RURAL ond give	township)
1	0.6		. Charle			Baltimore			1001
V	lelctron	- NURSING	Hou	10		D. STREET ADDRESS	(If rurol, givo locotion)		
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S. :	SEX	6. RACE		NEVER MARI D, DIVORCED		8. DATE OF BIRTH	9. AGE (In years tost birthday)	tf Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
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			10B. KIND O	BUSINESS OF	INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN O	
don	House W	vorking life, even if retired)				mx Pennsylva	ทา๋ ๑	U. S.	
13.	FATHER'S NAM					14. MOTHER'S MAIDEN		00.00	
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15. (Ye	Wos Deceosed s, no or unknown)	Ever in U. S. Armed For (If yos, give wer or dete	ces? es of sorvice)	1 6. SOCIAL SECURITY	NO.	17. INFORMANT		ADD	RESS
	No					John H. Cox	510 Carlsbad	Ct. Balto	. 27, Md.
	18. 4. 2 :	2.11			CAUSE O	FDEATH			AL BETWEEN
		E OR CONDITION DI	RECTLY				4	ONSE	AND DEATH
		LEADING TO DEATH		(,	A) BY	ou chopueu	monia_		
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CA	19A. DATE OF	OPERATION 198. CON	DITION FOR	WHICH OPERA			Nol 208, IF YES, WERE	FINDINGS CON	SIDERED
ERTIFIC	0	WAS PER				No	IN CERTIFYING CA	USES OF DEATH	1?
U	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	21 E	PLACE OF IN	IJURY (e.g., in ry, street, of	n or obout 21 C. WHERE DII	D (If in Boltimore ??	e City, give exoc	t locotion)
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			ted obove. (	I) (We) (did)	(did not) v	iew the body ofter deo	th.		
	23A. SIGNATU	RE	. ^		i			23B, DATE SIGI	NED

23C. PHYSICIAN'S NAME (Type)

23D. ADDRESS

5-19-67

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Med. Director

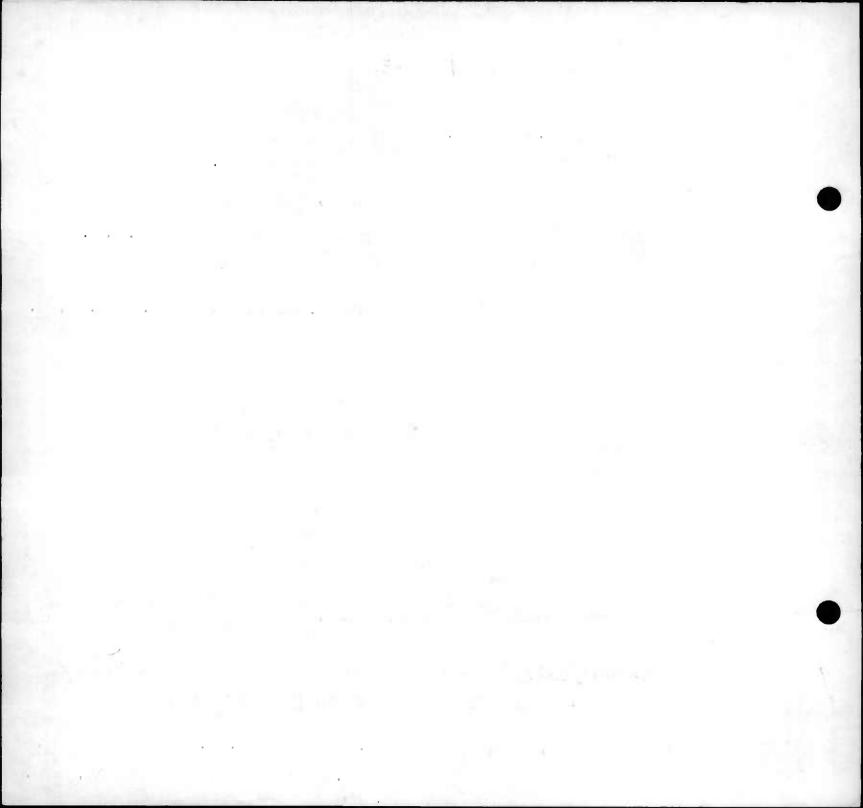
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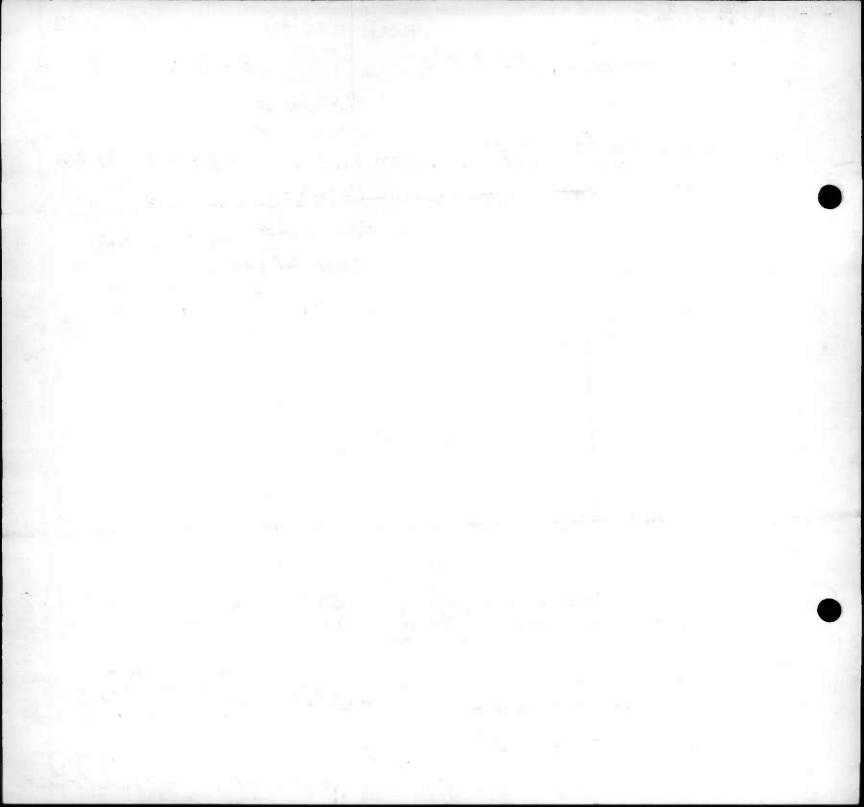
258. NAME OF REGISTRAR 2 Burial 25A. DATE RECORY May 123 1967 20

Balto. Md. 25C. FUNERAL DIRECTOR

ADDRESS Truman Schwab 3512 Frederick Ave, Balto.

VS 150-REV. 1/1/65





## Undetermined cause; (5) Deceased contributing regular deceased = WOS 4 IMPORTANT death kind; any pronounced of fracture the chief medical examiner FUNERAL DIRECTOR: who 4 ල physician burns; Body 0 3 where to the hospital °Z any nature; 9 (except pup

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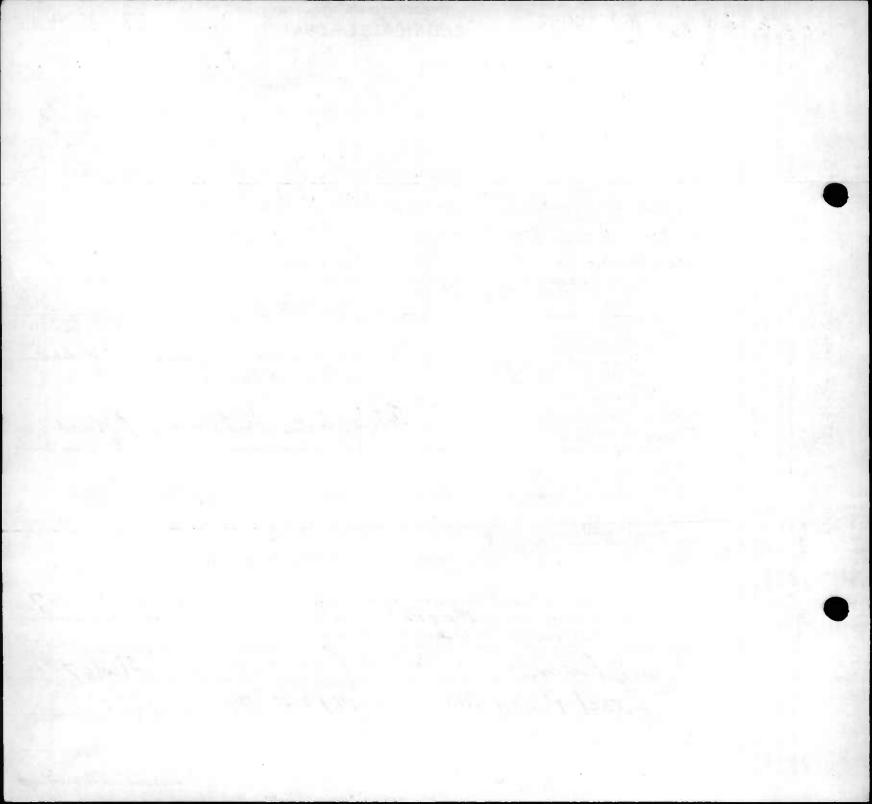
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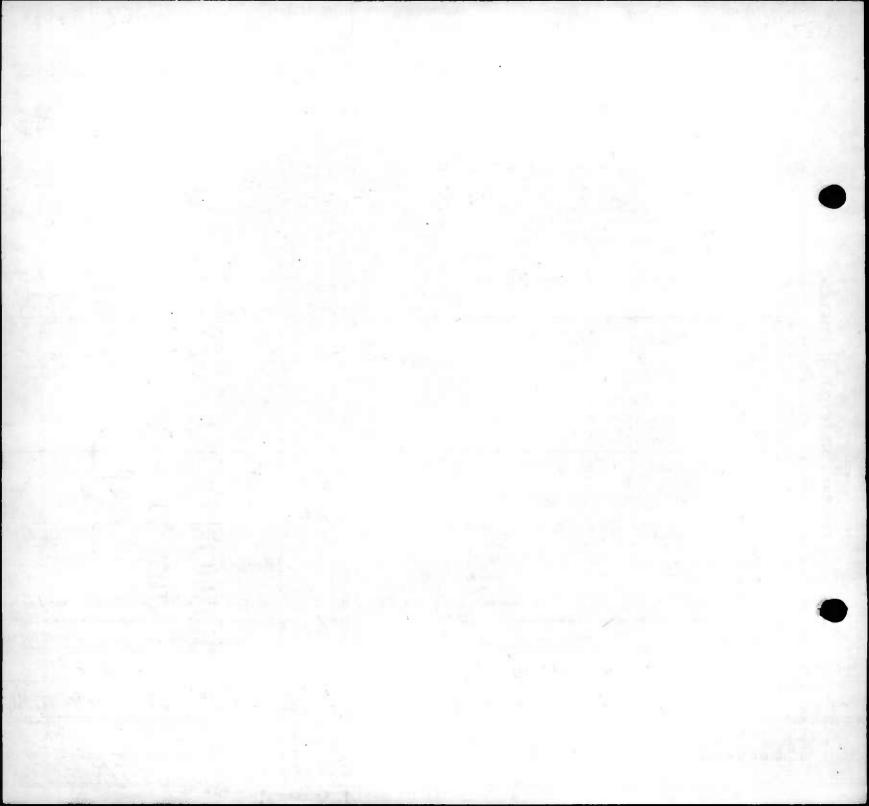
BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) (Type or Print) Earl Vashington Grammer
3. PLACE OF DEATH IN BALTIMORE, MARYLAND May 10 4. USUAL RESIDENCE (Where deceased lived, 11 institution; residence before admission)
A, STATE
B, COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION White Marsh hns Hopkins Hospital D. STREET ADDRESS (If rural, give location) River Grove Road 9. AGE (In years 5. SEX 6. RACE 7, MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy Male Vivorced arch 17,1901 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Maryland. Mekhanic- Retire 14. MOTHER'S MAIDEN NAME George Grammer (henoweth 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. No tamily records None CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, hearl failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEDIC, (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an ......and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above. (1) (We) (# (did not) view the body after death. 23A. FIGNATURE M.D. Attending deceased prior to written approval 23C.PHYSICIAN'S 23 D. ADDRESS NAME (Type 24A. BURIAL CREMATION, REMOVAL (Specify) Moreland Memorial Park 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Burns VS 150~REV. 1/1/65



	NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUN	CED DEAO	
{Ту	Berke	lev	s.		Gordon		May	18, 1967		7:50 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESID A. STATE Marylan	ENCE (Where	deceased lived. If in	stitution: res	idence before odmission)	
HO	L NAME OF SPITAL OR TITUTION	(IF NOT ADDRE	IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Baltimo	re	corporate limits, wri	3	and give township)
6	2411	DRUID	HILL AV	ENUE		D. STREET AODI		11 Avenue		
5. 5	EX	6. RACE			, NEVER MARRIED	8. DATE OF BIRTI		9. AGE (In years	s If Unde	er 1 Yr. If Under 24 Hrs.
	Male	Neg	ro		idowed	9-24-96		lost birthdays	TO TO THE S	Days Hours Min.
	. USUAL OCCU	PATION (GI	ve kind of work		F BUSINESS OR INDUST	RY 11. BIRTHPLACE	State or foreign	, -		EN OF
	Railroa	d	ven it remed,	Railr	oad	Baltimor	e. Mary	land		.S.A.
13.	FATHER'S NAM		ordon			unknown	AIDEN NAME			
15,	WAS DECEASED			FORCES?	16. SOCIAL	17. INFORMANT			ADDRES	S
(Ye	, no ar unknawn) Yes	(If yes, give			SECURITY NO.	Mrs. Alic	e G. Ro	ss 2359 N.	Eutaw	St. 21217
	18. 4/ 0	W.	11 • T		CAIL	SE OF DEATH				INTERVAL BETWEEN
	(This does n heart failure, injury ar can	at mean t asthenio, e aplication wi	TO DEATH he mode of tc. It means hich coused o	dying, e.g., the disease,	OUE TO	nchopneumon	••••••••	••••		
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MEDICAL CERTIFICATIO	OTHER SIGN TO THE OISEASE OR 19A. DATE OF 21A, EXTERNAL UNDERLYING UTING CAUS 210 TIME OF INJURY (APPROX.)  22. I cert result ACTUAL SIGNATI EXAMIN	NTECEDEN OR CONDI E ABOVE C IG CONDI OF CONDI OF CONDI OF CONDI OF CONDITION OF CONTR SE OF OEA  (Month)  Ify that I I OF CONTR SE OF OEA  (Month)  Ify that I I OF CONTR SE OF OEA  (Month)	he mode of tr. It means thick coused of tr. It means the coused of tr. It m	dying e.g., the disease, death.)  NY, GIVING TATING THE  CONTRIBUTI. ATED TO II. DITION FORMED  21B. hometc.)  (Hour)  J. Spit	(B) Put DUE TO  (C)	ephritic shephrosis  20A. AUTOPSY Yes  20A. AUTOPSY Yes  WORK  TWHILE  CHIEF M  ASSOCIATE M  Or CREMATORY	erunken  ? (Yes or No)  WHERE DID OCCUR?  DW DID INJU  d that on this de U  EDICAL EX EDICAL EX	208. IF YES, WERE IN CERTIFYING CAI YES  f in Baltimore City,  RY OCCUR?  s bosis, death in ndetermined many AMINER AMINER	FINDINGS ( USES OF D  give exact    my opinioner   ty, town, or	DATE SIGNED  5/19/67  caunty) (State)
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	67 4985	BALTIMORE CITY H	EALTH DEPARTMENT		67	4985				
	H NO. 0 / 4300	CERTIFICAT	E OF DEATH	Registered No	07	4000				
1, N (Typ	AME OF DECEASED E SOLL O	hnson	5-	20-67	7   4.	M				
	FULL NAME OF (If not in hospital or institution, give	'	A. STATE B. COUNT	deceased lived. If inst	titution: residence	before odmission)				
1	HOSPITAL OR oddress of location) NSTITUTION		C. CITY OR TOWN (If outsi	de city limits, write RU	JRAL and give to	wnship)				
	37 MERRY HOSPI	tal'	2422 911	ilford	ave					
5. S	F Col WIDOWED	NOCU specify)	9-12-95 "	72:	If Under 1 Yr. Months Days	If Under 24 Hrs. Haurs Min.				
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BL Topying most of working life, evan it retired)	JŠINESS OR INDUSTRY 11	BIRTHPLACE (State or foreign	n country)	12, CITIZEN OF	NTRY?				
13.	FATHER'S NAME BOUND	1.4	MOTHER'S MAIDEN NAM	Calo no	011					
15. Yes	Was Deceased Ever in U. S. Armed Forces?, no or unknown) (If yes, give wor or doles of service)	S. SOCIAL 17	INFORMANT	X	ADDRE	ss - Pa				
	18.420,0 17-260X	CAUSE OF	DEATH	e Dano		AL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	ani	teio sclusti	i livert	2 U	Lala.				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death,)	OUE TO .		e very	1					
	ANTECEDENT CAUSES	(B)		******************************		****************				
	DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) slaling the UNDERLYING CONDITION last.	(C)	Amana		-000 to 000 to 0	000 00m x x x 0 40 4 0x 00 000 00 x 400				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Lliabet	es mellit	us-	32	years				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WH		20A. AUTOPSY? (Yes or No)			ERED				
CAL CE		ACE OF INJURY (e.g., in a form, factory, street, offic		(If in Boltimore	City, give exact	lacotion)				
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, IN OF INJURY (APPROX.) While Work	AI Not While	21F. HOW DID INJU	RY OCCUR?						
	22. I certify that (1) (this haspital) attended the deceased from March 2/ 1966 to May 19 1967,									
	that (1) (we) last saw the deceased alive an Mary 1967 and that In(my) (our) apinion death occurred on the date									
	23A. SIGNATURE	M.D. Atlend	ling Med. S	acd rat	23B. DATE SIGNE	-67				
	23C. PHYSICIANS NAME (Type) FEODOR C. CAGU.	/// M.D.	D. ADDRESS 336 E. S	25 th S	St. Ba	160, 18,1				
24A		CE OF CEMETERY OF CREM	Manage al Cem	CATION (City	, town, or county	Pa (Stole)				
25A	AAY 23 1967	REGISTRAR Falley Mile	25C. FUNERAL DIRECTOR	2- dono. 7	17 57	SRESS S				
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67 4986	BALTIMORE CITY	HEALTH DEPARTMENT		67 4986
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	4000
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) NICHOLS AMOS	E.	2. DATE AND 5 . 2	2.67	3.00 €
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		stitution; residence before admission
FULL NAME OF (II not in hospital or institution, g HOSPITAL OR INSTITUTION	2	C. CITY OR TOWN (If outs BALTIMORE		URAL ond give township)
46 dulberan has	mfal	011111111	rol, give location)	10 00
MIDOWED.	NEVER MARRIED , DIVORCED (specify) ARRIED	8 DATE OF BIRTH	AGE (In years birthdoy) 43	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF		11. BIRTHPLACE (State of foreign	MI)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	0,0 10 10	14. MOTHER'S MAIDEN NAM	ELLE M	LLEN
5. Was Deceased Ever in U. S. Armed Forces? Yes, no prunknown) (II yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1	2716 PRESPECT ST
118, 11, 12, 13	CAUSE C	F DEATH	/VICheks -	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1121-1		ONSET AND DEATH
LEADING TO DEATH	(A)	Hepatama		
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO		## P\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
injuly or complication which coused death.)				
ANTECEDENT CAUSES	(B)	0 		00 00 00 00 00 00 00 00 00 00 00 00 00
DISEASES OR CONDITIONS, if ony, giving				
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	, , , , , , , , , , , , , , , , , , ,		D 444444
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cir	hosis of the	lever.	
198. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPY (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING [218.	e, lorm, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
O 21D, TIME (Month) (Day) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	le At Not Whi		No. 20 172	
World		5.6	,67 , 5	-22. 6
22. I certify that (I) (this hospital) attended the	5.21	77		
that (I) (we) last saw the deceased alive an		19	t in (my) (our) opi	nian deoth occurred an the de
and hour and from the couses stated above. (1)	) (We) (did) (did-not)	view the bady after death.		
23A. SIGNATURA Radujko	hz M.D. Att		Staff Phys.	5.22.67
23C. PHYSICIAN'S NAME (Type) MILOS RADOJK	OVIC M.D.	23D. ADDRESS Sufferale	Kognto	e
REMOVAL (Specify)	LIME OF CEMETERY OF CR		LIMERE	ty, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME O		25C/FUNERAL DIRECTOR		ADDRESS
MAY 23 1967 P.O. B	C . Z. O	1/EDL E	11.11-	2121-11/ Mar. 1

2716 YELSPECT To making it andrew of the course Miles Radujueni x 52267 ниог казалать ливагая картвав

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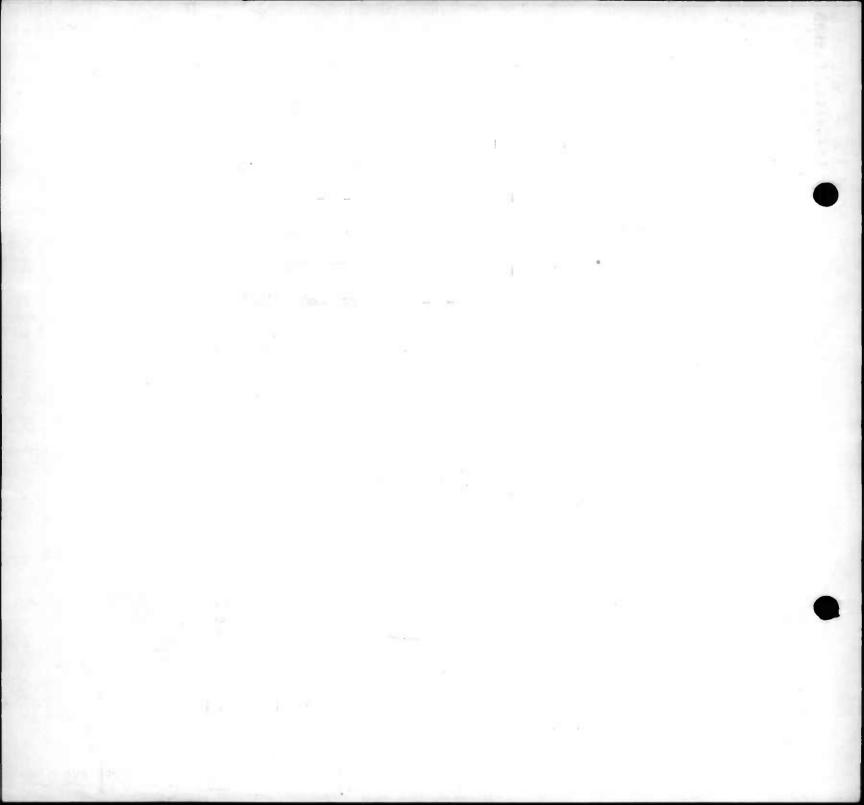
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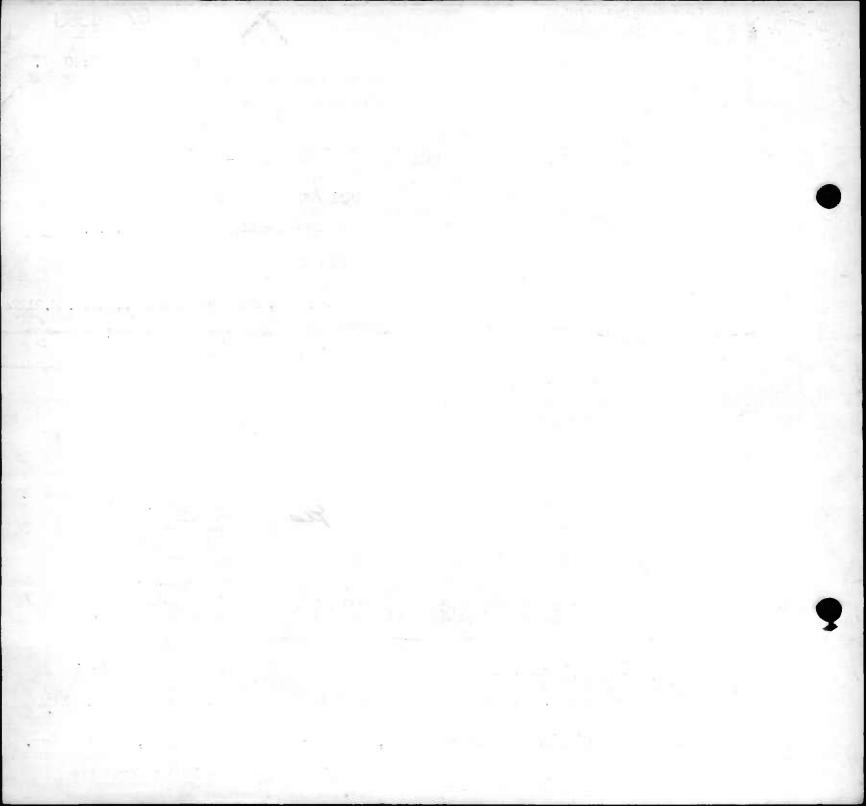
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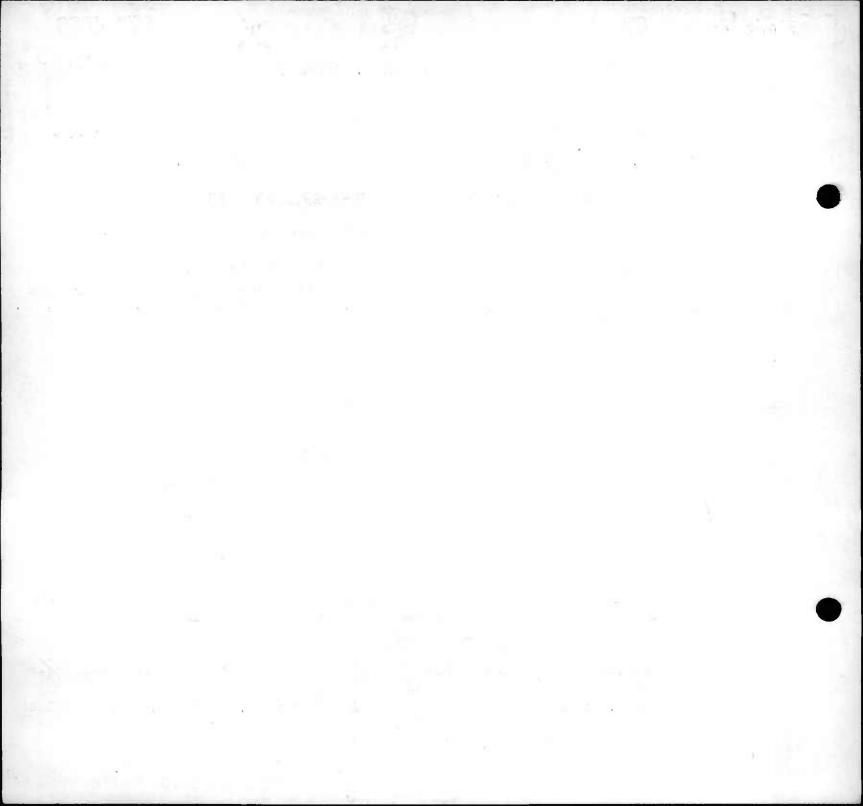
BIRTH NO. of death Deceased M.E. CASE NO. I. NAME OF DECEASED (Type or Print) CO death. of 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or tocotion) INSTITUTION THE JOHNS HOPKINS HOSPITAL prior contributing (4) Undetermined isposition is made. regular MARRIED, NEVER MARRIED 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) MALE NEGRO WIDOWER done during most of warking life, even if retired)
Longshorenian = SD 13, FATHER'S NAME O the 3 ALEXANDER CHADWICK death LO D 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) 6. SOCIAL final SECURITY NO. attendance any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the physician UNDERLYING CONDITION lost. remains Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the 0 WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING O where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notify medical examined any nature; MEDI( obtained 9 (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (4) (this haspital) attended the deceased from pe that 🐗 (we) lost sow the deceased alive on. eath) of hospital idy was released to must 23A. SIGNATURE Ö

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Edmund Chadwick 4. USUAL RESIDENCE (Were deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give BALTIMORE D. STREET ADDRESS 2303 KOKO LANE B. DATE OF BIRTH 9. AGE (In years If Under 1 If Under 24 Hrs. lost birthday Months! Doys Hours 62 8-23-04 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? North Carolina 14. MOTHER'S MAIDEN NAME Cora Fields 17. INFORMANT ADDRESS Zedaw Williams same INTERVAL BETWEEN ONSET AND DEATH Trilobar Mebsiella Pharmenia 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 6 and that in ( our) opinion death occurred on the date and hour and from the causes stated above. ( (We) (did) ( view the body after death. 23B, DATE SIGN M.D. Attending vied. Stoff Phys. Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D. MURRAY A KATZ JOHNS HOPKINS HOSPITAL 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Buria (Specify) Calvary Cemetry County 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus 1206 W North Ave Halstead VS 150-REV. 1/1/65





VS 150-REV. 1/1/65



		FUNERAL	DIRECTOR	FUNERAL DIRECTOR: IMPORTANT	N		<b>,</b>	503	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	pproved by the hospita any nature; (except who	the chief med I by a medi (2) Body bur ere the phys	dical examine ical examiner ins; (3) A fractician who pr	r. Also, if the ure of any kind oncounced dea	direct or direct	contributin termined c	in a hosp g cause ( ause; (5) I	of death Deceased	1//
deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.	; and (6) Nc	physician wefore the ren	vas in regula nains are emb	r attendance almed or final	on the dec	eased pric	or to dea	th. Suct	_

	CT 4000	BALTIMORE CITY	HEALTH DEPARTMENT		67 4990
	TH NO. 67 4990 E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	07. 4550
1. N	AME OF DECEASED	)	2. DATE AND	OUR OF DEATH	7 7.5 1
	SONN 19. PE	TERS	5-	23-6	1 3.30 Am.
i. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	0	
	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)	street	MARYLAND,		MORE
i	NSTITUTION		C. CITY OF TOWN (If outside	2.	RAL and give township)
3	4 BON Secours H	nseim		give location)	-
	DON SECONES "	aci / / MC	409 Rose	croff	TERRACE
5. \$	M IN WIDOWED, D	IVORCED (specify)	Sent 14/15 lost	birthdoyl 57	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)	& Co.	MARYIAN	10	TICA
3.	FATHERS NAME		14. MOTHER'S MAIDEN NAME		9-21
	CARROLL		Hnn1	C Ryan	
5. Ya	Was Deceased Ever in U. S. Armed Forces? S, no or unknown)((If yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	Gordon Pete	ADDRESS
		5-01-7238	11 6 1 1 1 1	Resecreft	
_	18. / 23 A	CAUSE O		1400001010	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		- 0 1 -		ONSET AND DEATH
	LEADING TO DEATH  (This does not meen the mode of dying, e.g.,	(A)DUE TO	caravac o	mess	0.00
	heart loilure, asthenia, etc. It means the disease,	DOE TO	1 Stored 28	(200)	
	injury ar camplication which coused death.)  ANTECEDENT CAUSES	(B)	Na Tagin och	23	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	The sole	TO THE	<u></u>
	rise to the above cause (A) stoting the	wear o	agease		
	UNDERLYING CONDITION last.				1
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Con	restine he	earl p	ailure.
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No) 2	B. IF YES, WERE FIN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING   21B. PL/ OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, of	n of obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact facation)
EDI	21D-TIME (Month) (Doy) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
ξ	(APPROX.) While Work	At Not While	e		
	22. I certify that (1) (this hospital) attended the	deceased fram	18 May 19	67 10	23 May 1967
	that (l) (we) last saw the deceased alive an		ay 19 67 and that i	n(my) (aur) opini	an death accurred an the date
	and haur and from the causes stated above (1)(V				
	23A. SIGNATURE			2	3 B. DATE SIGNED
	THE GUIDA		ending Med. Stor s. Director Phy 23 D. ADDRESS	s.X	5-23-67
	Hodolhamid Gh	12di M.D.	Box Secours 1	Hosp. 20.	
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)			ATION (City,	lown, or county) (Stote)
	7/20/01	w Cathedral		altimore, M	
25/	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF R	REGISTRAP	25C. FUNERAL DIRECTOR	2.02	ADDRESS
	MAY 23 1957 R. C. B. E.	Mansenhal	Witzke F. D	LUL Edmond	som Ave.
VS	150-REV. 1/1/65	1 4	3 4 7 7 7		

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OTT ILLE STICKEL

BIRTH NO.

M.E. CASE NO. I, NAME OF DECEASED

VS 150-REV. 1/1/65

(Type or Print)

and

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

25C. FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Balto. Md. 21214

2. DATE AND HOUR OF DEATH

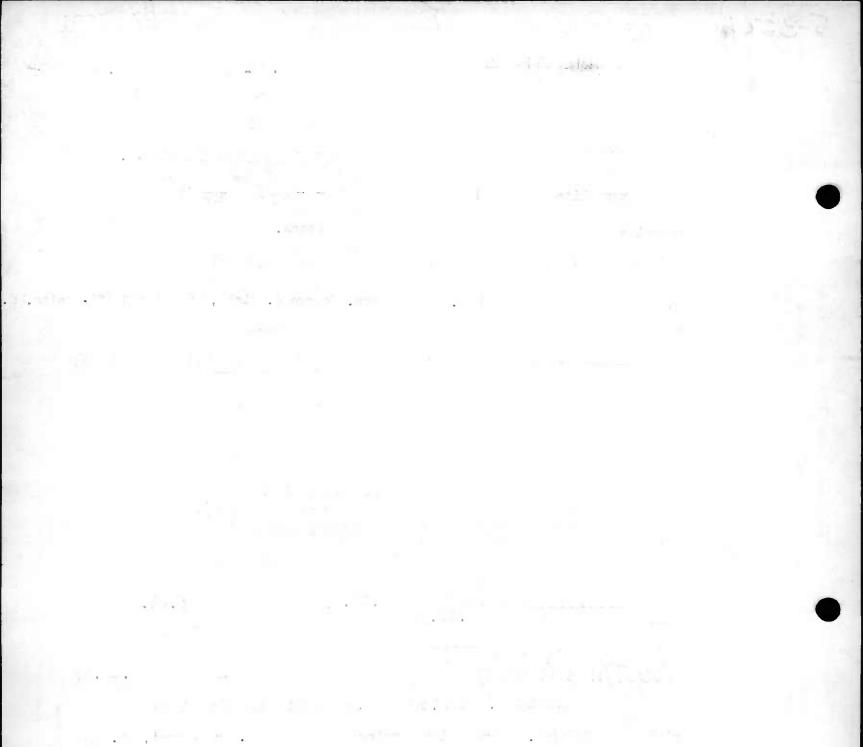
If Under 24 Hrs. Hours : Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

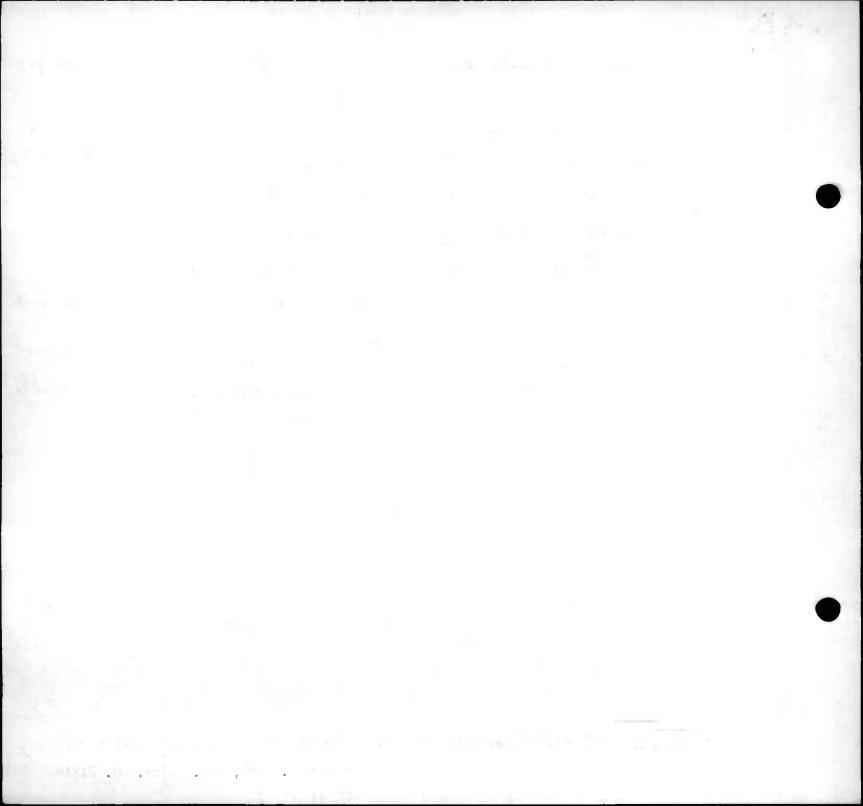
WHAT COUNTRY?

5.22.67



IMPORTAN

FUNERAL DIRECTOR:



•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	•	W
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	by the chief me	dical examiner	or his assistant if	death occurred in a hospi	al and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	pital by a med	ical examiner.	Also, if the direc	t or contributing cause of	death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	re; (2) Body bur	ns; (3) A fractur	e of any kind; (4)	Undetermined cause; (5) De	ceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🚺	where the phys	ician who pron	ounced death w	as in regular attendance	on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	No physician v	vas in regular	attendance on th	e deceased prior to deat	Such S
written approval must be obtained	d before the ren	nains are embali	btained before the remains are embalmed or final disposition is made.	osition is made.	

	~ (01)()	BALTIMORE CITY	HEALTH DEPARTMENT		000			
BIRTH NO. 6	7 4993	CERTIFICA	TE OF DEATH	Registered Na.	67 4993			
M.E. CASE NO.  1. NAME OF DECEAS (Type or Print)	ED		2. DATE A	ND HOUR OF DEATH				
3. PLACE OF DEATH	JOHN P. WAF	RD	4. USUAL RESIDENCE (Wh.	21-67 ere deceased lived. If i	nstitution: residence before admission			
FULL NAME OF	(If not in hospital or instit address or location)	ution, give street	MARYLAND  C. CITY OR TOWN (If of	om m	RURAL and give township)			
THE JO	HNS HOPKINS	HOSPITAL	BALTIMORE	rural, give location)	27-44			
3 BALTI	MORE, MD 212	205	3105 WHIT	E AVE				
5. SEX 6. F	WIC	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	1-9-12	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
done during most of work  Maritime F	ing life, even if retired)	ND OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME				
JOHN WA	RD .SR		RUTH D. SI	MITH				
5. Was Deceased Eve Yes, no or unknown) (If Yes	r in U. S. Armed Forces? yes, give wor or doles of se	1 6. SOCIAL SECURITY NO. 213-12-3603	17. INFORMANT		selawn Ave. #14			
18. 420	, / 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH			
	OR CONDITION DIRECTLY	~	arlyth MI	MIN	OHISE AND DEATH			
(This does not	meon the mode of dying,	e.g., DUE TO	avunjur	TIME				
	nenio, etc. II meons the di olion which coused deoth.)	seose,	117					
ANT	ECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.							
UNDERLYING C	ONDITION lost.	a0 a a a a a a 0 a 0 a a a	**************************************	10 T 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0				
TO THE DEAT	II ANT CONDITIONS CONTRIS H BUT NOT RELATED T NOTION CAUSING IT.	BUTING O THE						
19A. DATE OF OP	ERATION 198. CONDITION		20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
19A. DATE OF OP			YES					
OR CONTRIBUTION  DEATH (notify me	WAS UNDERLYING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, taim, factory, street, o etc.)	fice bldg., INJURY OCCUR?	(If in Ballimo	ie City, give exact locotion)			
OF INJURY	onth) (Day) (Year) (Hour		21F. HOW DID IN	JURY OCCUR?				
(APPROX.)		While At Not While Work At Work		-0	6. (1			
22. I certify tha	t (V)(this hospital) atter	nded the deceosed fram	5/6	19 6/ ta	5/21 19.6/			
that (I) (we) las	that (I) (we) last sow the deceosed clive an 5/2/19 6 7 and that in (my) (aur) opinion death accurred an the date							
	am the causes stated abo	ove. (1) (We) (did)(did nat)	iew the bady after death.		23 B. DATE SIGNED			
02.	23A. SIGNATURE  M.D. Allending Med. Stoff Phys. Director Phys.							
PHYSICIAM'S	BERT RAMPTO	N M.D.	JOHNS HOPKI	NS HOSPIT	AL /			
4A. BURIAL CREMA REMOVAL (Spec Buria	5/24/67.	Baltimore Nation		Baltimore,	City, town, or county) (State			
SA. DATE REC'D BY	HEALTH DEPT. 258, N	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS			
M	AY 23 1957 LO	Beels Extarley MA	peonard J. Ru	ck, Inc. Ba	lte. Md. 21214			
\$ 150-REV. 1/1/65		0 1 0 0	0 5 0 0 3					

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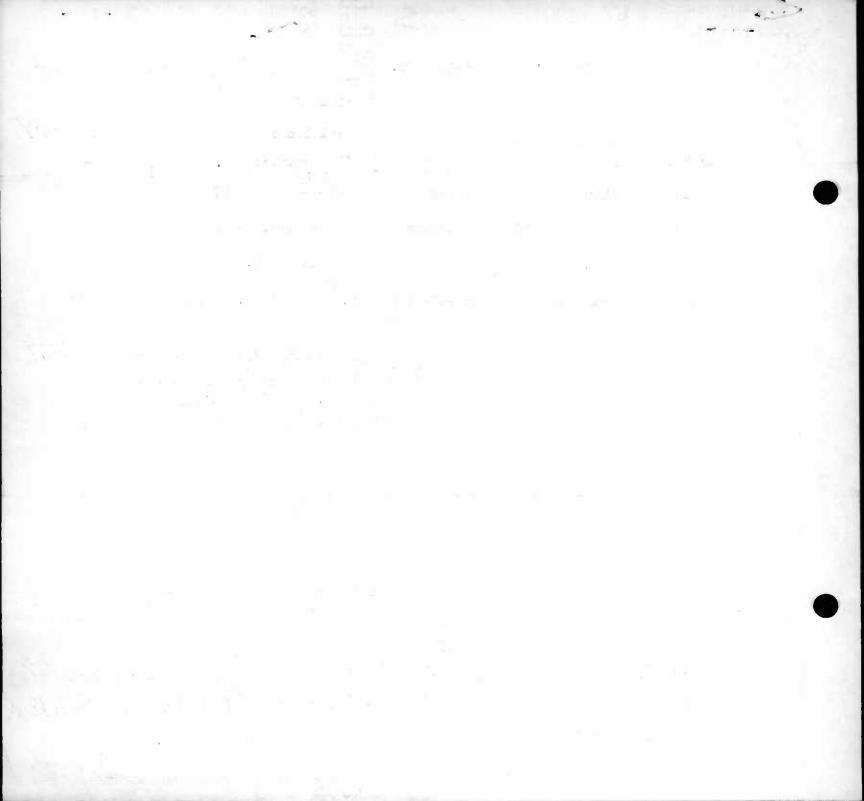
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FUNERAL DIRECTOR:

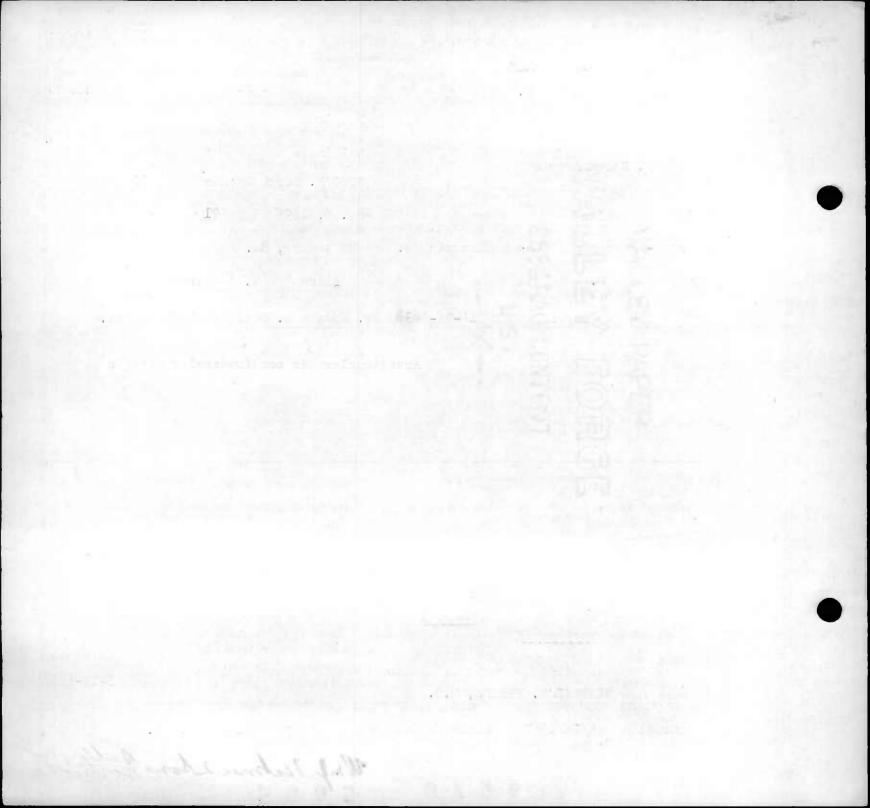
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



EATH Register	d No.Z	499,
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MEDICAL EXAMINER 5 C	CERTIFICATE OF DEATH Registered to 7 4995
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EDGAR L. DEAL	5-22-67 8:55 AM <sub>M</sub> .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)  Baltimore
1321 E. North Avenue	D. STREET ADDRESS (If rural, give location)  1321 E. North Avenue 21213
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	Nov. 6, 1895  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
TOA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR  done during most of working life, even if relived)  Retired — Watchman  Gas & Electric Co.  13. FATHERS NAME	Bal timore, Md.
Edward B. Deal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Alice V. Kirby 17.INFORMANT ADDRESS
(Yes, no at unknown), (If yes, give war at dates of service)  Yes World War I  SECURITY NO. 212-05-2838	Mr. Edward L. Deal 3704 Beech Ave.
DISEASE OR CONDITION DIRECTLY	riosclerotic cardiovascular disease
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
117.17	
Z1A. EXTERNAL CAUSE WAS UNDERLYING □OR CONTRIB-	, in at about 21C. WHERE DID IIIf in Baltimare City, give exact lacation) affice bldg., INJURY OCCUR?
21B. PLACE OF INJURY (e.g., home, fam, factory, street, etc.)  21D TIME (Month) (Doy) (Year) (Houl) 21E. INJURY OCCURRED OF INJURY (APPROX.)	, in at about 21C. WHERE DID III in Boltimare City, give exact lacation) office bldg., INJURY OCCUR?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Haui) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection X Au resulted fram: Natural causes X Accident Suicid	white and that an this basis, death in my apinian  de Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Manth) (Day) (Year) (Haul) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection X Au resulted fram: Natural causes X Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S'. FISHER, M.D.	white and that an this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSOCIATE MEDICAL EXAMINER 5-22-67
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Manth) (Day) (Year) (Haul) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that I held an Inquiry Inspection X Au resulted fram: Natural causes X Accident Suicident SIGNATURE EXAMINER'S	while and that an this basis, death in my apinian de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-22-67  at CREMATORY  Conal Cemetery  Baltimore, Md.  21F. HOW DID INJURY OCCUR?  WHILE DID AND INJURY OCCUR?  Undetermined manner Death of the property of the pr



	TH NO. 67 4996 CERTIFIC	CATE OF DEATH Registered No. —	67 4996
1. N (Typ	E CASE NO.  IAME OF DECEASED  PCONCAOL, May Eyll	5/19 167 145	n
3. F	FULL NAME OF OLD (If not in hospital or institution, give street oddress or location)  NSTITUTION  CHURCH HOME DID HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If instit A, STATE 8, COUNTY  MACHINE  C. CITY OR TOWN (If outside city limits, write RUR  BATIMOES 31, MACHINE  D. STREET ADDRESS (If rural, give location)  100 NORTH BROADLUSK	RAL and give township) 05
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify	3/29/74 934RS.	Under 1 Yr. If Under 24 Hr Annths Doys Hours Min.
	e during most of working life, even it retired)  None	mare Marid	AMERICAN
13,	Grorge Eyu	LOUISA HOWGEN	
15, Yes	Was Deceased Ever in U. S. Armed Forces? s,na arunknawn) (If yes, give war ar dates at service) SECURITY NO.	Church Home and Hospital re	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	Congestive heart failure Arterioscleration culion	
TION	DISEASES OR CONDITIONS, if ony, giving On the obove couse (A) stating the UNDERLYING CONDITION lost.	AETURE OF RIGHT AZETA	H2141 (442
ERTIFICA	None 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
DICA	DEATH (notify medical examine) etc.)  21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	et, office bldg., INJURY OCCUR? Church f	Church Home
	22. I certify that (#) (this hospital) attended the deceased fram that (#) (we) last saw the deceased alive an May 19 and haur and fram the causes stated above. (#):(We) (did) (did -	March 26 1967 to Mar. 1967 and that in(max) (aur) opinio	y 19 19 67 n death accurred an the do
	23A. SIGNATURE  Offed T. Cox M.D.  23C. PHYSICIAN'S NAME (Type) A CC C T T C		5/19/67
24A	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF		fawn, or countyl (State)
25A	Burial 5/22/1967 Western Cemet  DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  MAY 23 1967 Robert E. Farker	25C. FUNERAL DIRECTOR	Bally of a
/S 1	150-REV, 1/1/65	A TOTAL AND THE	1000091

Released on appendl FUNERAL DIRECTOR: IMPORTANT

June 1

JAT GOD BOD DATE HOSE

GOOGE EYEL

100 NOCTH GREATH SHIP

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morrison

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Congestive heart falue 50 1215

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alfat T. Cox

Alfred T. Con

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27/11/5

Amis 30

Church Home and Koppital

Church Hours

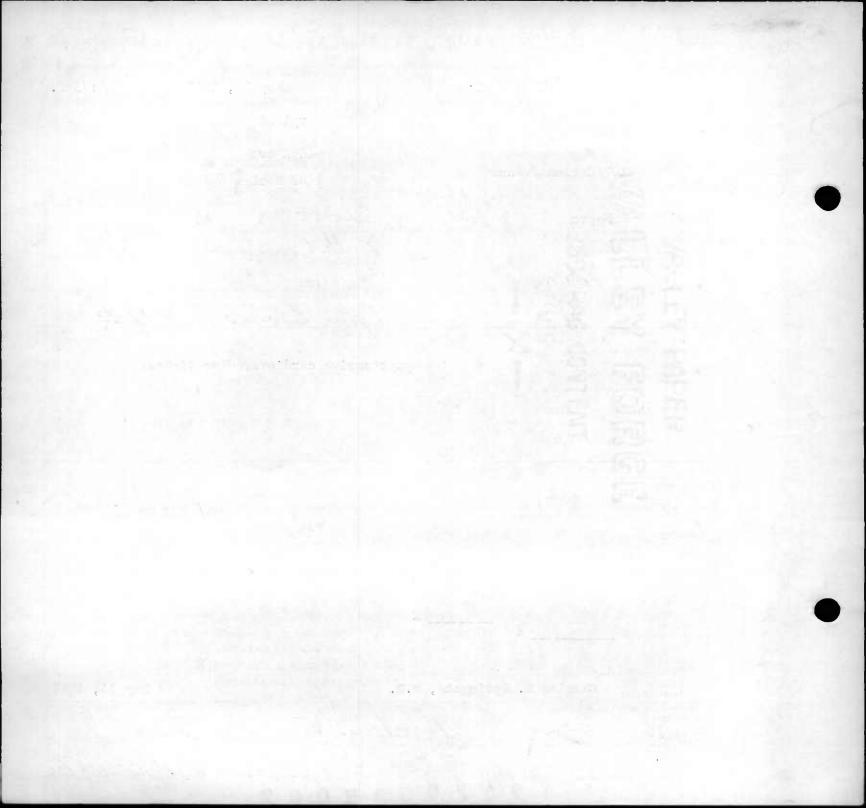
VS 150-REV. 1/1/65

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## BALTIMORE CITY HEALTH DEPARTMENT

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	4	V.A	N.	100
	6.6	. 7	. 1	( )

BIRTH No. 4930	MEDICAL	EXAMINER'S C	ERTIFICAT	TE OF [	DEATH Registe	ered 10./ 4998
M.E. CASE NO.						
1. NAME OF DECEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)	ANNIE M.			May	20, 1967	9:35 P. M.
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If inst B. COL	titution: residence before odmission) JNTY
FULL NAME OF (IF NOT	IN HOSPITAL OR INS	TITUTION, GIVE STREET		aryland		
HOSPITAL OR ADDRES	S OR LOCATION	THO HON, OLVE STREET	C. CITY OR TO	NN (If outside	e carparate limits, write	e RI RAL and give township)
INSTITUTION			D.	. 7		6-01
				altimor		0
0 0 1107	Harlem Avenu	ıe	D. STREET ADD		lem Avenue	
5. SEX 6. RACE	7. MARRI	ED, NEVER MARRIED	B. DAJE OF BIRT		9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
77 - 1		D, DIVORCED (specify)	1.0 58	- 1000	lost birthdoy	Months Days Hours Min.
Female Ne		OF RUSINESS OR INDUSTRY	H. BIRTHPLAGE	(State or lare)	n country)	12. CITIZEN OF
done during most of working life, ex	ven jf Tetired)	of boartess on moosing	m. H.	1	1	WHAT COUNTRY?
House	ye		puru (	enve	ma	U XII
13. FATHER'S NAME	01 1.		14. MOTHER'S M	AIDEN NAM	2	
John t	duares		massu	e	1	
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
700, 1100, 011111	M.		Ortage	Elica	uda )	dente
118.	100	CALLER	OF DEATH	can	0	INTERVAL BETWEEN
" 443 X	1	CAUSE	OF DEATH			ONSET AND DEATH
	DITION DIRECTLY					
	TO DEATH	(A) Hype	rtensive o	cardiova	ascular dise	ease
(This does not meon the	e mode of dying, e	· B· DUE TO				
injury or complication wi	ic. It means the disea:	S @ ,				
ANTECEDEN	T CAUSES					
DISEASES OR CONDI						
RISE TO THE ABOVE C	AUSE (A) STATING TH	HE				
		(C)				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO T	II .					
OTHER SIGNIFICANT C		JTING				
O THE DEATH BU		THE .				
DISEASE OR CONDITIO		SE WINGIL OFFICE	DOL AUTOBOX	- /V - bl )	TOOD IP WERE INCOME.	LIDINGS CONCIDENCE
19A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
			No	0		
V 21 A, EXTERNAL CAUSE W UNDERLYING OR CONTR		B. PLACE OF INJURY (e.g.,	in or about 21C. V	WHERE DID	(If in Boltimore City, gi	ive exact lacation)
UTING CAUSE OF DEAT	rH.	ome, form, factory, street, o	omice bing., INJUK	OCCUR!		
3		21E. INJURY OCCURRED	03.5.11	OW NO 11111	IDV OCCIIAS	
OF INJURY	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. H	OW DID INJU	JRY OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE WHILE			
22.	neld an Inquiry	Inspection X Au	tansu 🗆 an	d that an thi	is basis, death In r	ny anlainn
	-					
resulted from:	Natural causes X	Accident Suicid			Undetermined mann	er
/		1111	CHIEF M	EDICAL EX	AMINER	DATE SIGNED
ACTUAL SIGNATURE	Marka .	J. Jo yath. D	ASSISTANT M	EDICAL EX	AMINER X	DATE STORES
mar a substitute of a	01 1 0 0	1-1	ASSOCIATE M	EDICAL E	XAMINER	
NAME (Type)	Charles S. S	Springate, M.D.				May 21, 1967
23A. BURIAL CREMATION, 2	38. DATE	23C. NAME of CEMETERY	CREMATORY /	23D. L	OCATION (City	, town, or county) (State)
REMOVAL (Specify)	F- N: 10	n.t-n.	L. 1/1	T	BIT	m.(/
dina	2 -14-0	Ju My	me a	1	Mallo.	114X
24A. DATE REC'D BY HEALTH	DEP1. 1248, NA	ME OF REGISTRAR	24C. FUNER	AL DIRECTOR	0	ADDRESS
MAY 9	3 1967 12 0	B. S. Fallew M.A.	Plin	46/1)	lama in	Beer Itala
VS 151-REV. 1/1/65	U TOUR THAT	1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Level	10 WX	WON JUNE	encimely vic



F		012	
1	hospital and use of death	dance on the death. Such	
•	th occurred in a contributing ca	ererminea cause n regular atten eceased prior to on is made.	
	if dea	was i was i the diposition	
ORTANT	if the dir	any kina; (sed death	
W	or hi	atter	
FUNERAL DIRECTOR: IMPORTANT	ical examiner	is; (3) A tractucion cian who pro as in regular ains are emba	
FUNERAL	the chief med	(z) body burnere the physician we shore the remediate	
•	approved by to the hospite	of any nature; al (except whom); and (6) No be obtained b	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	This c	was deced	

CO AGGG BALTIMORE CI	ITY HEALTH DEPARTMENT 7 2 1 6 RSC 7 1000					
BIRTH NO. CERTIFIC	ATE OF DEATHS PORTER No.					
1. NAME OF DECEASED LUCY FORBES	2. DATE AND HOUR OF DEATH  5-19-1967  5-50					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street	MARYLAND					
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RERAL and ove lawyship) BALTMOREE					
33 JOHNSHOOKINS HOSPITAL.	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs   Months   Days   Hauge   Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST						
done during mast of working type, even it retifed	Lunch Lear VIII WHAT COUNTRY?					
13. FATHERS NAME	14. MONHER'S MAIDEN NAME					
EDWARD MORGAN	unkmont?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes af service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
PW SECONIII NO.	Lee Fortes 3040 Orleus fl					
	OF DEATH  INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAO Broat = 2/1/x					
(This does not mean the made of dying, e.g., DUE TO heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	1 metastasis					
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, if ony, giving						
rise to the obove cause (A) stating the (C)						
11						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	TO IN CERTIFFING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?					
Q 21D, TIME (Month) (Doy) (Year) (Hour) 21E IN LIERY OCCUPRED	21F, HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)  While At Not W	/hile D					
22. I certify that (1) this haspital) attended the deceased from	5/4 1967 to C/19 1967					
tha (1)(we) lost saw the deceased alive on 5750 PM S	19 67 and that ir(my) (our) opinion death occurred on the Bat					
and haur ond fram the couses stated abave (1) We) (dld) (did nat						
23A. SIGNATURE	23B. DATE SIGNED					
190 1151009 11-11	Attending Med. Stoff. Stoff. Stoff. Stoff. Stoff.					
TAH - Astung How M.	D. The Johns Hopkin Harps fal					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of (	CREMATORY 24D. LOCATION (City, town, at count) (State)					
Bunk 5-2467 Typehtay 11	2 // 2					
MAY 23 1967 Registrary	Oromused Altown See blan VI					
VS 150-REV. 1/1/65	05000					

CA & Breast 5 are La 4/2 malasis The Holling Her The Johns Hookin Hadrotal

BIRTH	NO.		MEDI	CAL EX	aminer's ci	ERTIFICAT	E OF D	DEATH Register	red No.	0000
M.E.	CASE NO.									
1. N	AME OF DE			0	,			HOUR PRONOUNCE		20 7
				ORTA			-	4, 1967		30 P
3. PL	ACE IN BAL	TIMORE, MARY	LAND, WE	ERE PRONOUI	NCED DEAD	4. USUAL RESIDE	ENCE (Where	deceosed lived. If insti	tution: residence b	efore odmission)
FILLS	NAME OF	(IE NOT II	N HOSPITA	L OR INSTITUT	TION, GIVE STREET	Mar	yland		X	
HOSE	PITAL OR TUTION	ADDRESS	OR LOCA	TION)	HON, OIVE SIKEET	C. CITY OR TOW	VN (If outside	corporate limits, write	BLLBAL ond give	lownship)
114311	1011014					Bal	timore		1 - t	2/
01	318	S. Spri	ng Str	reet		D. STREET ADDR			-	-
1						318	S. Spr	ing Street		
5. SE	X	6. RACE			NEVER MARRIED	B. DATE OF BIRTH	1 /	9. AGE (In years last birthday)	If Under 1 Yr. I Months : Doys :	
M	iale	Whit			IVORCED (specify)	5/9/191	20	59	TVIOTING TOOYS	110013
			. 1	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign		12. CITIZEN OF	i
done	7	working life, ever	r if retired)	11000	BARBER	ITALU			WHAT COU	NTRY?
13. FA	THER'S NAM			MONS	PARBER	14. MOTHER'S MA	AIDEN NAME		111469	-
1			0							- 5
15 W	AS DECEASE	ED EVER IN U.	SAPMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
		(If yes, give			SECURITY NO.	-	-		11	
1	No	13-			112-30-1331	FRANKI	UMMI	NELLI 66,	14 HOVET	R AVE
178	8. // -	200.			CAUSE	OF DEATH				AND DEATH
	DISEA	SE OR COND	ITION DIR	ECTLY					J ONSE!	AND DEATH
		LEADING T	O DEATH		(A) Arte	riosclerot	cic Hear	rt Disease.		
	heart failure	not meon the , asthenia, etc.	It means	the disease.	DUE TO					
	injury or co	mplication whic	h coused d	eath.						
		ANTECEDENT	CAUSES		(P)					
		OR CONDITION			DUE TO					
		NG CONDITIO		A THE						
ERTIFICATION					(C)					***************
¥	OTHER SIG	II SNIFICANT COI	) PACITIONS	ONTRIBUTIN	G					
	TO THE	DEATH BUT	NOT REL	ATED TO TH		onary Empl	nysema.			
E I		R CONDITION			HICH OPERATION			20B. IF YES, WERE FIN	ADINGS CONSIDI	PED
<u>B</u>	7	OFERALION	WAS PERF		THE OF ERATION	Yes		IN CERTIFYING CAUS		Yes
¥ 2	1 A. EXTERNA	L CAUSE WA	2	21R P	LACE OF INJURY (e.g.,			If in Boltimore City oil	ve exact location)	
OU	INDERLYING	OR CONTRIB	-	home,	form, foctory, street, o	ffice bldg., INJURY	OCCUR?	or the continuity only, give	TO CAUCI TOCONOTI	
MEDI	IIINO - CAC	SE OF DEATH								
. 4	TIME FINJURY	(Month) (D	oy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. H C	OM DID INTO	RY OCCUR?		
	APPROX.)			m. W	ORK NOT	WHILE				
2	22.						1.1.	1 1 1		
		tify that I he						s bosis, deoth in m		
	resu	Ited from: No	otural cau	ses X A	cident Suicide	e Homicia	de U	Indetermined manne	er	
			0	/	1/	CHIEF ME	EDICAL EX	AMINER	DAT	E SIGNED
	SIGNAT		00	aller	) Tally M.D.	ASSISTANT ME	EDICAL EX	AMINER X		
	EXAMIN	IED!C	01	- C D-		ASSOCIATE M	EDICAL EX	AMINER	5	/15/67
	NAME (	. / po/		s S. Pe						
	BURIAL CRE OVAL (Specif		. DATE	230	. NAME of CEMETERY o	CREMATORY	23 D. L	OCATION (City,	town, or county)	(Stote)
R	IMIAI	3	1/19/	17 h	NVREDER	SUER D	12/210	RD- RDF	To Mos	1.
24A.	DATE REC'D	BY HEALTH	DEPT.	24B. NAME C	OF REGISTRAR	24C. FUNERA	AL DIRECTOR	1 D ESAL	ADDRES	S
		MAY 24			E. Farley M.R.	40	00	26	D,	1.011
	- 2	明四 日生	1007	1. 100, 17	C, Victality Mills	trans	Reli	11600 32	2 X. H.	12/11
VS 1	51-REV. 1/1/	/65		. 0 /	700	0 12 0	0 0		11/	